The magazine of the Medical College of Georgia

Today

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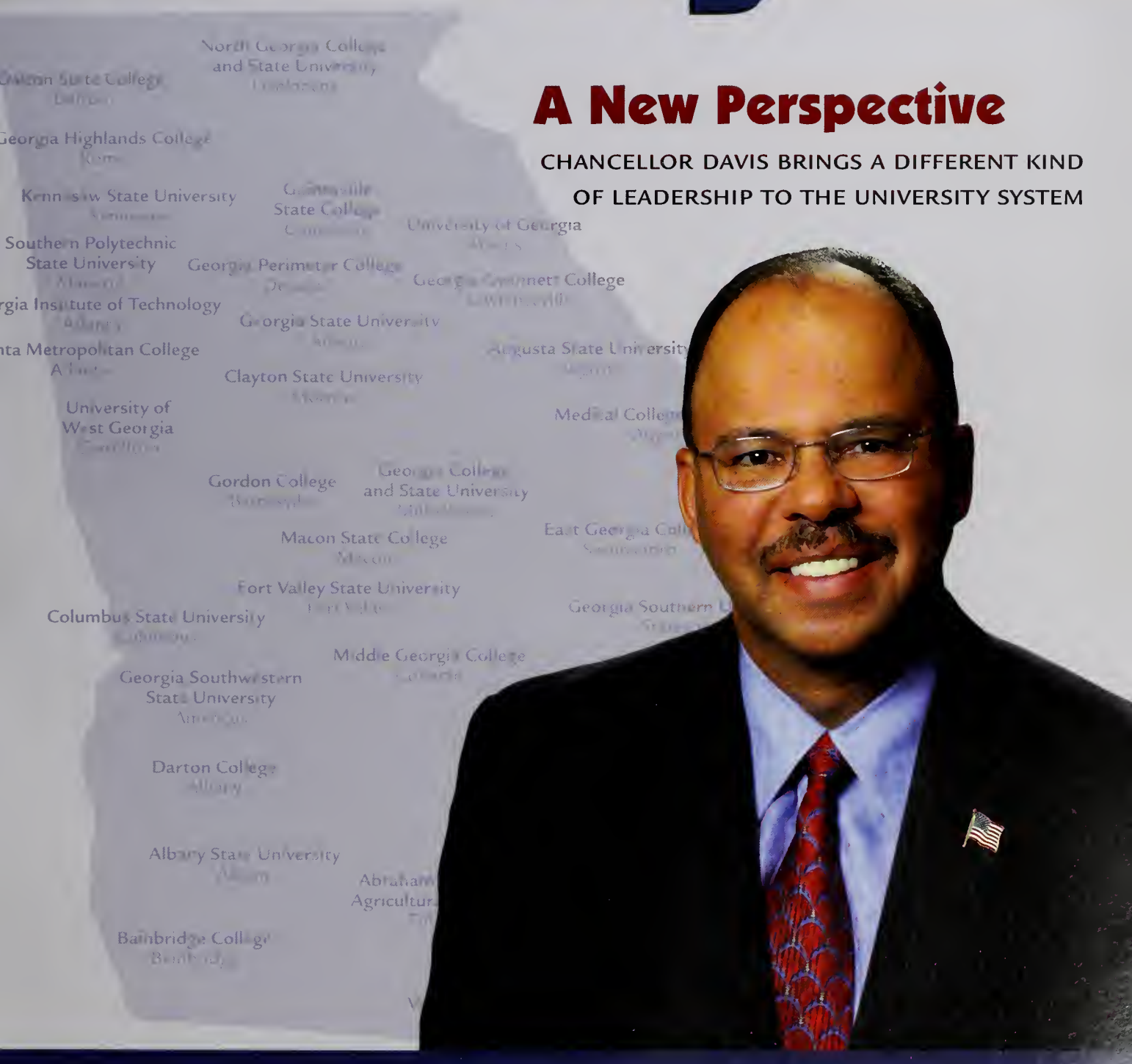
A New Perspective

CHANCELLOR DAVIS BRINGS A DIFFERENT KIND OF LEADERSHIP TO THE UNIVERSITY SYSTEM



Double Whammy?

A STUDY EXPLORES SCHIZOPHRENICS' RISK OF DIABETES.

Back in Control

A BLADDER PACEMAKER IMPROVES QUALITY OF LIFE.

Today

Dear Readers,

The fall edition of *MCG Today* makes it clear that the university's scope has never been broader.

The magazine expounds on President Daniel W. Rahn's new role as senior vice chancellor for health and medical programs for the University System of Georgia, in which he will oversee health education for the entire university system. He is delighted to take on what he considers a natural role for the state's sole health sciences university: shaping issues associated with health education, health provider workforce and access to health care statewide.

This edition of the magazine also features Chancellor Erroll B. Davis Jr., whose business background shaped his philosophy of actions that are responsive, measurable and accountable. He is funny, articulate and decidedly no-nonsense, as evidenced by a quote he borrowed to summarize his management style: "You're looking at your calendar and I'm looking at my watch." Expect great things on his watch.

Business acumen is already well-established at MCG. Read about how the university's Life Sciences Innovation Center ushers laboratory findings into the marketplace while ensuring a continuous infusion of new ideas, all designed to complement MCG's mission of improving health and reducing the burden of illness in society.

We also invite you to read about many exciting initiatives at MCG, including a National Institutes of Health grant to explore the link between schizophrenia and diabetes and a contract with Nobel Biocare that adds whole new dimensions to the School of Dentistry's educational and research programs.

As you read about these achievements, rest assured that MCG is looking at its watch—not its calendar—to sustain the momentum.

–Editor

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WHO WILL CARE FOR US?

HOW MAY WE HELP YOU?

MCG is undertaking a broad-based initiative to improve service, starting with a focus on efficient responses to requests for data.

"STEWARDSHIP IS CENTRAL TO OUR MISSION. THIS INITIATIVE IS AN EXTENSION OF THAT COMMITMENT."
–PRESIDENT DANIEL W. RAHN

MCG President Daniel W. Rahn asked Vice President for Decision Support Deb Barshafsky to lead MCG's customer service initiative in March when University System of Georgia Chancellor Erroll B. Davis Jr. asked each of the system's 35 public colleges and universities to select a representative to help identify and lead customer service improvement plans.

Gov. Sonny Perdue set the process in motion in January when he created the Office of Customer Service with faster, friendlier service from all state agencies as his goal.

"Our customer service plan will be far-reaching," said Ms. Barshafsky. "We decided to start by looking at data we provide to key groups, such as the University System office, the governor's office, legislators and reporters, to ensure we can quickly provide accurate, consistent and meaningful information about anything from student numbers to research dollars."

Components include using IRIS, MCG's Web-based data and information system (www.iris.mcg.edu) to monitor and expedite information requests, bolstering the customer-service skills of MCG employees and creating a more student-centered environment.

The first part of the plan includes improvements in processes for employee selection, orientation, training and recognition. The next iteration will focus on enhancing customer service in student affairs.

"Stewardship is central to our mission," said MCG President Daniel W. Rahn. "This initiative is an extension of that commitment."

ASSOCIATE PROVOSTS NAMED

Provost Barry Goldstein has named three associate provosts to provide single points of contact regarding research, information technology and academic programs.

Dr. Frank A. Treiber, vice president for research, and Beth P. Brigdon, vice president for information technology, have been named associate provosts. Dr. Roman M. Cibirka, associate vice president for academic affairs, has been named vice president for instruction and associate provost. The new titles are in keeping with peer research institutions in the University System of Georgia and do not affect compensation, Dr. Goldstein said.

Dr. Treiber serves as chief advisor to MCG President Daniel W. Rahn and the provost regarding the university's research mission. As vice president for information technology, Ms. Brigdon, continues to report to President Rahn and, as associate provost, advises Dr. Goldstein on academic and research technology support. Dr. Cibirka serves as Dr. Goldstein's chief advisor on academic affairs, strategic management of educational programs, instructional effectiveness and academic assessment.

DR. TREIBER

DR. CIBIRKA

MS. BRIGDON

ROUGHING UP CELLS

MCG scientists have discovered that roughage helps keep you regular by roughing up cells as they make their way down the gastrointestinal tract.

"High-fiber foods bang up against the cells lining the gastrointestinal tract, rupturing their outer covering. This banging and tearing increases the level of lubricating mucus. It's a good thing," said Dr. Paul L. McNeil, an MCG cell biologist and corresponding author on the study published in the September edition of *PloS Biology*.

It was already known that roughage increases mucus production and, years ago, Dr. McNeil discovered that eating causes frequent cell injury and repair. The new research ties the two together.

"An injury at the cell level can promote health of the GI tract as a whole," said Dr. McNeil. Epithelial cells, which usually live less than a week, are regularly bombarded as food passes by. But in what he and colleague Dr. Katsuya Miyake view as an adaptive response, most of these cells rapidly repair damage and, in the process, excrete even more mucus, which eases food down the GI tract.

> "AN INJURY AT THE CELL LEVEL CAN PROMOTE HEALTH OF THE GI TRACT AS A WHOLE."
>
> –DR. PAUL L. MCNEIL

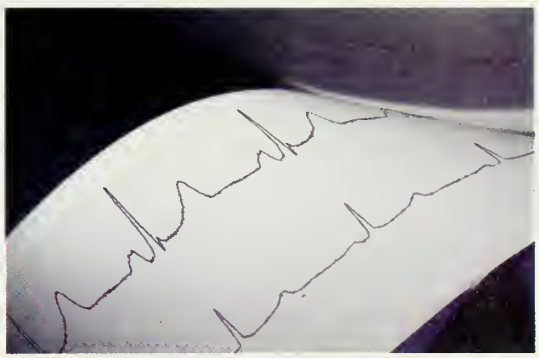
Their findings resulted when they developed a way to blast small holes in cells, mimicking what happens in a living animal. "It allowed us to assess whether they could reseal and repair the damage and whether they responded by secreting mucus as part of the healing process," Dr. McNeil said.

They found time and again that most cells did just that.

The research was funded by NASA.

LABS LAUDED

The MCG Adult Echocardiography Laboratory has been accredited by the Intersocietal Commission for the Accreditation of Echocardiography Laboratories. MCG's lab is the only facility in Augusta and one of only 1,000 in the United States, Canada and Puerto Rico to be so recognized for its high-quality diagnostic testing and patient care. Participation in the accreditation process is voluntary, and the application documentation is peer reviewed. Also, CAP, formerly known as the College of American Pathologists, has reaccredited MCG Health System's clinical, anatomical pathology and histocompatibility labs following a rigorous inspection.



SUSTAINED SURGERY RISK

Even when all goes well, surgery patients may carry an increased risk of cardiovascular disease and possibly cancer for weeks or even years. Dr. Steffen E. Meiler, vice chair for research in the Department of Anesthesiology and Perioperative Medicine, discussed the need for postoperative vigilance as guest editor of the June issue of *Anesthesiology Clinics of North America* and during the 53rd annual meeting of the Japanese Society of Anesthesiologists.

Mounting evidence of short- and long-term risks point to the role of inflammation and other altered immune responses after surgery. Drugs and other measures can help protect against these risks, Dr. Meiler said. "The challenge will be to incorporate measures consistently across the health care process so that all eligible patients benefit from these insights."

A WARM WELCOME

MCG Cancer Center Director Kapil N. Bhalla (foreground, left) and School of Medicine Dean D. Douglas Miller (background, right), both of whom joined the faculty this summer, were welcomed by faculty, staff and other members of the MCG community during an Aug. 31 reception in their honor at the Alumni Center.

RURAL CAREER OPPORTUNITIES

Students who train in rural health settings before they graduate are more likely to work in rural communities, according to MCG educators. Seventy-six percent of MCG allied health sciences students who performed clinical rotations at rural Georgia sites from 2001-03 said they would accept a job there if offered, according to School of Allied Health Sciences Dean Shelley Mishoe and other school administrators in the June 23 edition of the *Journal of Rural Health*. Rotations were funded by a Quentin E. Burdick grant from the U.S. Human Resources Services Administration, part of federal Title VII funding for educational programs.

Since 1997, MCG students in several allied health sciences disciplines have had the opportunity to work in underprivileged areas while completing degree requirements. The project also aimed to recruit minority students from rural health areas.

"Research shows that students who come from those areas are more likely to return there to practice once they graduate," said Dr. W. Kent Guion, associate dean for academic affairs in the School of Allied Health Sciences and a grant coordinator. "This project is important in addressing health care shortages in Georgia."

(See related article, page 28).

MEDICAL TECHNOLOGY BOOST

The School of Allied Health Sciences is partnering with Gainesville State University and the Northeast Georgia Health System to create more medical technologists for the Gainesville area.

The partnership, which began this fall, supports the Internet version of MCG's bachelor of science program in medical technology. GSU provides campus resources for an MCG faculty member, and the Northeast Georgia Medical Center provides internships at its hospital laboratories.

"We're able to capture a group of individuals who wouldn't normally have an opportunity to pursue this degree," said Dr. Elizabeth Kenimer Leibach, chair of the Biomedical and Radiological Technologies Department. "Students can stay

where they are—in the Gainesville area—and still be prepared in this really robust health care discipline."

Medical technologists are laboratory scientists involved in all aspects of clinical laboratory testing. The field offers many job opportunities due to a critical shortage of clinical laboratory personnel in Georgia and nationwide.

TRANSPLANT ADVANCEMENT

A molecule expressed during pregnancy seems to make the immune system more tolerant of transplanted organs. Human leukocyte antigen G, or HLA-G, is a member of a gene family that provokes an immune response. But HLA-G instead promotes tolerance, and MCG researchers have found it can make other gene family members more accepting, said Dr. Anatolij Horuzsko, an MCG reproductive immunologist whose research is featured in the August issue of the *European Journal of Immunology*.

The placenta expresses HLA-G upon conception and the molecule goes away toward the end of pregnancy. Growth factors and cytokines bring to the surface inhibitory receptors previously buried inside immune cells so they can interact with HLA-G. Scientists have documented this natural immunosupression in organ transplantation, and Dr. Horuzsko hopes to enhance the process to spare transplant patients a lifetime of generalized immune suppression.

TRANSCONTINENTAL TRAINING

Nursing students from Kingston University in London visited MCG Medical Center recently to compare health care in the United States and England. The students shadowed preceptors from various clinics and learned more about patient- and family-centered care and the health system's journey to achieve nursing magnet status.

LEADERSHIP ACADEMY FORMED

MCG Health System has formed a Leadership Academy composed of leaders in patient- and family-centered care. Invitations to join were initially extended to 95 employees and 12 patient advisors. When the health system gets calls from health care facilities worldwide seeking to implement patient- and family-centered care, as it frequently does, academy members with particular expertise will serve as resources.

SELF-DESTRUCTING MUSCLE

Muscle cells that should grow stronger with use instead self-destruct when missing a protein called BAG3. Mice missing BAG3 seem fine at birth, but their muscles quickly degenerate, said Dr. Shinichi Takayama, MCG cell and molecular biologist. The finding illustrates BAG3's importance in maintaining mature skeletal muscle, researchers reported in the September edition of the *American Journal of Pathology*. They hope it will lead to prevention of muscle atrophy that characterizes diseases such as muscular dystrophy and heart failure.

MAKING WAVES

Fifty children (including 11-year-old Haley Baer, pictured) participated in the 2006 WEE CAN SKI, a day of waterskiing, tubing, jet-skiing and boating for children with physical challenges or cognitive delays. WEE CAN SKI is an annual event sponsored by the MCG Children's Medical Center.

COMPREHENSIVE CARE

The MCG School of Dentistry has opened a Comprehensive Care Clinic, modeled after private-practice dentistry to enable one-stop service for most patients. Students, who obtain clinical training in the clinic by providing faculty-supervised treatment, "now have a unique way to enrich their dental education," said Dean Connie Drisko.

"Comprehensive care allows them to increase their clinical productivity and practice more difficult procedures that would have previously been done in another clinic. The end result is a more experienced graduate."

The clinic features axiUm, a clinic management system that allows for paperless patient records and digital radiography. MCG's dental school is among the first in the nation to incorporate this type of system into operational and clinical care.

The Results Are In...

MARKET RESEARCH VERIFIES MCG'S EXCELLENT REPUTATION

The results of the Medical College of Georgia's first broad-based market research study are in, and the general conclusion is positive.

"Our primary audiences overwhelmingly report pride and good feelings about us," said MCG Director of Strategic Communications Caryl Brown, who directed the project. "We uncovered some areas where we need to improve our communication efforts, but overall we received very positive feedback. We greatly appreciate everyone who took the time to participate in this important project."

Corona Research began the project in early 2006 to determine MCG's position and value in the minds of state policy makers, health professions organization leaders, alumni, donors, Augusta-area residents, prospective students and health professions counselors. Corona conducted personal interviews and telephone, online and mail surveys covering such topics as general awareness and perceptions of the institution, alumni satisfaction with the quality of education, perceived strengths and weaknesses, competitor institution comparison, prospective students' factors and information sources in selecting a health sciences institution and awareness of differentiation from MCG's clinical system.

"One of the most interesting questions was, 'If MCG was a car, what kind of car would it be?'" said Ms. Brown.

"The overwhelming responses from legislators, health association leaders and internal audiences were inexpensive, but extremely reliable vehicles—a step above the basic model, but no flash. Interestingly, however, donors were more likely to pick top-of-the-line models—something worthy of their investment."

The researchers presented their findings to the campus Sept. 11.

> "MCG'S VISION IS TO BE RECOGNIZED AS ONE OF THE NATION'S PREMIER HEALTH SCIENCES UNIVERSITIES. MANAGING THE COMMUNICATION OF OUR MISSION, VISION AND VALUES, THEN MEASURING OUR EFFECTIVENESS IN DOING SO, IS CRITICAL. CAREFULLY MANAGING OUR REPUTATION IN THE MARKETPLACE WILL OPTIMIZE OUR ABILITY TO ACHIEVE SUCH A LOFTY VISION."
>
> —R. BRYAN GINN JR.

The results will guide development of a comprehensive, cohesive communications plan and provide a baseline to measure the effectiveness of the institution's communications efforts.

"Though we found no real surprises, doing this benchmark study gives us a great starting point for building a stronger, more effective communications program," said MCG Vice President for University Advancement R. Bryan Ginn Jr.

"MCG's vision is to be recognized as one of the nation's premier health sciences universities. Managing the communication of our mission, vision and values, then measuring our effectiveness in doing so, is critical. Carefully managing our reputation in the marketplace will optimize our ability to achieve such a lofty vision." ➸

Georgia's Leading

"WE HAVE PUT EDUCATION SQUARELY IN THE MIDDLE OF ALL THAT WE DO BECAUSE, FIRST AND FOREMOST, WE ARE A UNIVERSITY."
–PRESIDENT DANIEL W. RAHN

PRESIDENT CITES MCG'S GROWING ROLE IN STATEWIDE LANDSCAPE

Editor's note: For the full text of President Rahn's 2006 State of the University Address, visit www.mcg.edu/news/2006NewsRel/SOU090706.html.

Amid extensive social, demographic and economic changes in the state and nation, the Medical College of Georgia is forging an ever-broader role in its mission of improving health and reducing the burden of illness in society.

"We continue to shape a new MCG—a stronger institution, a more viable institution, an institution better suited to meet the changing needs of a changing state," said President Daniel W. Rahn during his 2006 State of the University Address delivered Sept. 7 in the Auditoria Center.

President Rahn's recent dual appointment as senior vice chancellor for health and medical programs for the University System of Georgia reinforces the university's role as a change agent, he said. "What a validating move for MCG this is—clear acknowledgement of the importance of health professions education to the University System."

He will use this role to address issues including a health professions workforce shortage and access to health care. But as MCG assumes a larger statewide role, the university will never lose sight of its top priority. "We have put education squarely in the middle of all that we do because, first and foremost, we are a university," President Rahn said. "The majority of our new initiatives this past year were focused on our students."

Those initiatives included new doctoral programs in nursing practice, physical therapy and neuroscience; a new graduate program in biostatistics; more simulation training for students; the opening of the Georgia Southwest Clinical Campus in Albany, Ga., as the School of Medicine's first regional clinical campus; increased enrollment, particularly in the Schools of Dentistry and Medicine; occupation of the new Health Sciences Building; and implementation of the student information system, PULSE.

President Rahn also noted achievements in research, including a 44.3 percent increase in diabetes research funding; the opening of the Cancer Research Center; and clinical excellence as evidenced by MCG Health Inc.'s inclusion in the University Health System Consortium's top quartile for quality.

All these accomplishments have unfolded despite an often-tenuous national landscape, President Rahn said. "From where I sit, our greatest challenges emanate from issues associated with continuing instability in the nation's health care system. That's why we must continue to work collaboratively with our colleagues in the health system to preserve our

PRESIDENT RAHN DELIVERS STATE OF THE UNIVERSITY ADDRESS

Force in Health Education

margin-sharing agreement while not sacrificing the quality of care provided to the patients who come to us when in need."

Indeed, an overall commitment to business intelligence is one of President Rahn's highest priorities. "The need for business intelligence—easily accessible high-level management information that is both current and relevant—has never been more important in the life of this university."

Sound business principles hold the key to directing and optimizing MCG's resources, he said, noting that recently appointed Chancellor Erroll B. Davis Jr. has a business background as former president and chief executive officer of Alliant Energy Corp.

Future goals for MCG include enhancing efforts related to research capacity, class size, the health professions workforce and collaboration with the clinical system.

"We will continue to look for opportunities to maximize our operational effectiveness so we can direct a larger percentage of our resource base to mission-central activities," President Rahn said. "The course is set. Our job is to maintain our focus."

NEW GREEN SPACE AND THE CANCER RESEARCH CENTER ARE RECENT CAMPUS ADDITIONS.

VICE CHANCELLORSHIP ENABLES HEALTH EDUCATION COORDINATION

Medical College of Georgia President Daniel W. Rahn takes his role as leader of the state's only public health sciences university very seriously. So seriously that he has accepted an additional University System of Georgia role as senior vice chancellor for health and medical programs, coordinating health sciences education at the state's 35 public colleges and universities.

"Some have expressed concern that this is going to compete with my role and responsibilities as president," said Dr. Rahn, "but I see it as the responsibility of the Medical College of Georgia, so I think it is perfectly in line with my existing responsibilities."

Georgia's Task Force on Health Professions Education, created in 2005 and chaired by Dr. Rahn to assess and address the state's health professions education needs, recently submitted recommendations to the University System of Georgia Board of Regents that led to the broadened role.

Dr. Rahn was a natural choice to fill the role, said Chancellor Erroll B. Davis Jr. "He already has a working knowledge of the overall problems in the state, of the shortages and where the gaps lie," he said. "He is highly

regarded, an excellent leader, highly collegial, very bright and full of good ideas."

The task force findings were predictable but daunting nonetheless, said Dr. Rahn, noting "shortages of health professionals across every role that are fairly deep and predicted to worsen." For instance, an estimated 800,000 additional nurses will be needed nationally by the year 2020. *(See Reflections column on inside back cover for more information.)*

"Our focus is moving from acute to chronic illness as baby boomers age," he said. "We're just not producing the workforce to meet that demand."

All players—government, academia, corporate America and ordinary citizens—must come to the table to forge solutions, he said. "That sounds simple, but because there's no organization or entity that owns responsibility for the health workforce, it kind of falls in between everything."

But some strategies, he said, are obvious and long overdue, including re-entry pathways for health care professionals who take a career break to raise families or pursue other goals and incentives for health professionals to work in academia, ensuring a continuous infusion of highly skilled workers.

Other strategies will emerge as task force findings are further analyzed. University System experts in finance, economics, academia, institutional research and other areas have been selected to do just that. "The leadership in each program knows its institution's limitations," said Dr. Rahn. "We need to share that information and figure out how to move forward."

Metrics will be established to help assess and maximize resources. For instance, evaluations of individual programs will assess attrition and graduation rates and performance on certifying and licensure examinations. Faculty evaluations will factor in all areas of responsibility, including instruction, research and clinical care. Next will come comparisons from one institution to the next in areas including cost per graduate and cost per credit hour. "In order to get meaningful information, we need a uniform methodology," Dr. Rahn said. "We need these accountability measures because if a program performs poorly and is expensive, how do we justify putting more resources into it?"

He anticipates vibrant collaboration among university system officials. "I'm impressed that when the issues are put on the table, our leaders are anxious to work together for the public good."

> **"OUR FOCUS IS MOVING FROM ACUTE TO CHRONIC ILLNESS AS BABY BOOMERS AGE. WE'RE JUST NOT PRODUCING THE WORKFORCE TO MEET THAT DEMAND."**
>
> **–PRESIDENT DANIEL W. RAHN**

He expects MCG leadership to contribute significantly to the cause as well. "I'm very dependent on the knowledge, experience and expertise of MCG's program leaders. I expect them to occupy leadership roles in each of the health professional areas. Addressing this issue requires staying focused and partnering with every willing party in order to address this very important public need." ➸

THE TASK FORCE ON HEALTH PROFESSIONS EDUCATION, CREATED IN 2005 AND CHAIRED BY DR. RAHN TO ASSESS AND ADDRESS THE STATE'S HEALTH PROFESSIONS EDUCATION NEEDS, RECENTLY SUBMITTED RECOMMENDATIONS TO THE UNIVERSITY SYSTEM OF GEORGIA BOARD OF REGENTS THAT LED TO DR. RAHN'S BROADENED ROLE.

Visit www.usg.edu/pubs for the full report.

A New Perspective

CHANCELLOR BRINGS DIFFERENT KIND OF LEADERSHIP TO UNIVERSITY SYSTEM

Responsive. Measurable. Accountable. These are more than buzzwords for the new chancellor of the University System of Georgia—they are guiding principles.

Erroll B. Davis Jr. assumed the leadership of Georgia's 35-institution USG in February 2006, a year after retiring as president and CEO of Alliant Energy Corp. headquartered in Madison, Wis., where he remained as chair of the board until coming to the USG.

His corporate background brings a new perspective to the state system, which has traditionally been led by individuals who have risen through the ranks of academia.

"I certainly don't bring any academic expertise to the table," he admits, then modestly adds, "but, I do bring some modicum of skill in complex organizational management."

He's also modest about his "lack" of academic experience. Mr. Davis served on the University of Wisconsin System Board of Regents for seven years and is a life member and former chair of the Board of Trustees of Carnegie Mellon University. He is also a member of the University of Chicago Board of Trustees.

"WE NEED TO HAVE MEASURABLE AND ASPIRATIONAL GOALS, THEN WE HAVE TO IMPLEMENT STRATEGIES THAT LET EVERYONE KNOW WHAT IS EXPECTED. I DO BELIEVE VERY MUCH IN ACCOUNTABILITY."

—CHANCELLOR ERROLL B. DAVIS JR.

His career includes finance positions at Xerox Corp. and Ford Motor Co., as well as working his way through the ranks from vice president of finance to president and CEO of Wisconsin Power and Light. He oversaw WPL's transition to Alliant Energy, a holding company with nearly $8 billion in assets, annual operating revenues of more than $3 billion and holdings worldwide.

Chancellor Davis thinks many of the business principles he used at Alliant Energy can be applied to improve business processes and financial resources for the university system.

"We need to have measurable and aspirational goals, then we have to implement strategies that let everyone know what is expected," he says in his pleasant but direct manner. "I do believe very much in accountability.

"We do wonderful and unique things in our classrooms and in our laboratories," he says. "But, our back offices are no different than those of any other organization. Our payroll systems are the same, our [human resources] systems are the same, our transportation, our logistics, our maintenance systems are the same. On a systemwide basis, we are not performing anywhere near world-class in any of these areas. We have pockets of excellence, but we don't measure, to a large extent, how we perform in these areas because they're seen as less important—but they're also valuable sources of revenue and areas of great cost to us."

Controlling costs and maximizing revenue sources in these back offices will enable the system to better support and enhance its educational mission, he says.

Chancellor Davis readily admits some business principles won't transfer as easily to the academic arena.

"It's difficult to focus academic organizations, much more difficult than it is to focus commercial organizations," he says. "Commercial organizations are focused very simply around how much money you are going to make. But, how do you measure teaching? How do you measure research? Is it really the amount of research dollars you bring in or is it the number of breakthroughs or the significance of those breakthroughs? Public service—how do you measure that? You can certainly talk about the number of interactions and activities, but how do you measure the quality of those activities?"

The first step, he says, is to initiate strategic planning that will engage the institutions in setting objectives for the entire system, then determining the strategies and tactics that will define each institution's role. "We have to

CHANCELLOR DAVIS WITH MCG PRESIDENT RAHN

make sure that we have a common language for setting targets and objectives, that we have consistent ways to measure outcomes and results and that everyone has access to the same toolbox. We need to be sure we are all pulling the oars in the same direction and that we're maximizing the taxpayers' resources and the resources of our supporters and friends."

The second step will be to empower the presidents to manage across the system in specific program areas. "[MCG President Daniel W.] Rahn is a good example of that," he says, referring to Dr. Rahn's recent appointment as senior vice chancellor for health and medical programs. "He is now assuming responsibility for leading health and medical program planning for the entire system, so I have no doubt that we will have a much more coordinated planning approach to our offerings. He's first out of the chute, and others will soon follow."

Chancellor Davis also expresses concern over the systemwide lack of depth in management leadership. "I have noticed here that we under-invest in leaders," he says. "Because many perceive management as administration and not as leadership, not enough people aspire to lead. We don't train people to lead and we don't have a full appreciation of the power of good leadership to shape and change the future, to anticipate and manage risks, and to motivate people to outcomes that they didn't dream they could achieve. If we are to become a high-performing organization, an excellent system, we must have great leaders at every level. We must have leadership in depth."

And with leadership comes accountability, he says. "Ultimately, the people who will be held accountable for decisions are the ones who must make the decisions. Any good decision maker will try to make an informed decision by bringing in knowledge from others. But a really good manager will also know when to stop collecting and when to start moving."

The chancellor sees it as his role to provide the resources for making and carrying out informed decisions and characterizes his own management style as "situational."

"If the situation is more urgent, I tend to be more directive. If I have more time, I would prefer to be Socratic, to ask enough questions to get people to where I want them to be and then they have better ownership."

"WE HAVE TO MAKE SURE THAT WE HAVE A COMMON LANGUAGE FOR SETTING TARGETS AND OBJECTIVES, THAT WE HAVE CONSISTENT WAYS TO MEASURE OUTCOMES AND RESULTS AND THAT EVERYONE HAS ACCESS TO THE SAME TOOLBOX. WE NEED TO BE SURE WE ARE ALL PULLING THE OARS IN THE SAME DIRECTION AND THAT WE'RE MAXIMIZING THE TAXPAYERS' RESOURCES AND THE RESOURCES OF OUR SUPPORTERS AND FRIENDS."

–CHANCELLOR ERROLL B. DAVIS JR.

CHANCELLOR DAVIS MEETS WITH MCG STUDENTS DURING A CAMPUS VISIT.

Time management is critical in improving the USG, says Chancellor Davis. "I firmly believe if you do things in half the time, you can do twice as much with the same set of human resources."

He shared a story with University System presidents about the Allied powers gathering at the end of World War II to redesign the monetary system for the Western world. "It took them 11 days and it lasted until Richard Nixon changed it in the '70s. 'So if you're doing something bigger than redesigning the monetary system of the Western world,' I told them, 'take more than 11 days,'" he says with a smile. "I got a great line from [Lt. General Russel L.] Honore, who oversaw the Hurricane Katrina disaster: When one of his subordinates during Katrina was explaining how long it was going to take to get something done, he said, 'Son, you're looking at your calendar and I'm looking at my watch.'

"The concept that the decision-making cycle in education is slow is too broad a generalization," he says. "From what limited viewing I've seen so far, it is not education, it is *higher* education. K-12 moves much more quickly than we do. The [Department of Technical and Adult Education] system moves much more quickly. We have to learn how to move more quickly."

Chancellor Davis acknowledges these changes may be difficult. "We have a tendency, I believe, to talk with ourselves too much and convince ourselves of our own wisdom and importance and uniqueness. Sometimes, it may take perspective from someone outside the organization to recognize those things which are unique and should be preserved and cultivated and maximized versus those things that are not. As I'm fond of saying, no one likes to be changed but babies.

"Some will come along and some will choose to stay behind; those who choose to stay behind will be left behind. I don't believe in putting poor performers elsewhere in the organization," he says, explaining that poor performance often reflects management's failure to provide the proper training, the right resources or insight into organizational values. "But every once in a while, you provide all those things, as good management should, and they still don't perform, in which case you can only conclude that either they don't share your values and your aspirations, or they're incompetent. And, it doesn't make any difference which it is. They should exit the organization at that point."

The chancellor believes most USG employees share the values and aspirations of creating a better system of higher education in Georgia. "They want to be a part of helping to create things, good things, better things and doing things faster," he says, pointing out that the governor's new customer service initiative is a start. "It's small, but it's attitudinal. It gets us focusing on getting better and pleasing people. We have to do more of that."

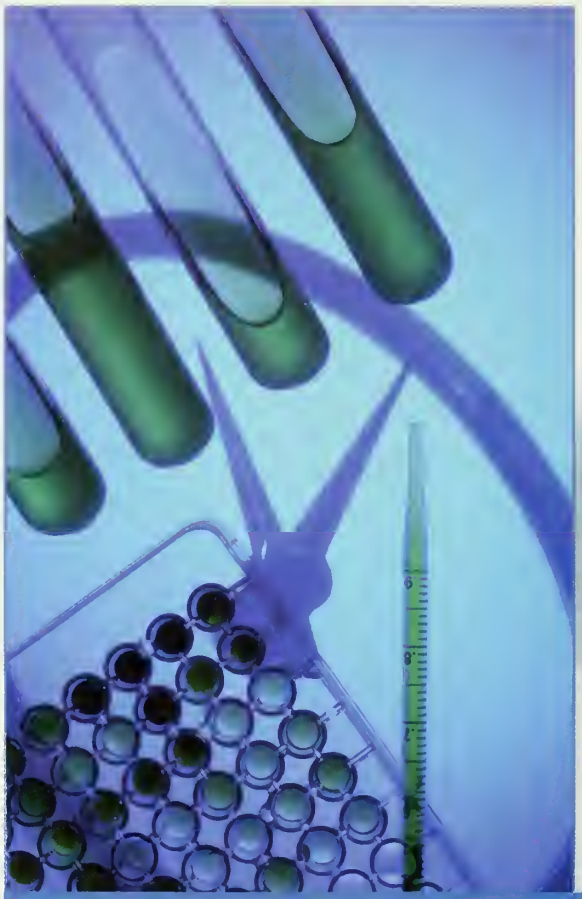
Chancellor Davis acknowledges that lofty goals require a lofty time commitment, and he is happy to oblige. "I am not a good person to give advice on a balanced life," he says with a laugh. "I appreciate it and I really admire our younger employees... they're much more adamant than my generation about having a balanced life because they watched parents work morning, noon and night and decided that it was not for them.

"The fortunate part is that I love my work and I love to work, so it's not really work for me. If you give me a choice of things to do on a Saturday, I'd rather process my e-mail and do a lot of paperwork than do anything around the house or even some recreational things," he says.

He does, however, try to stay fit by getting out before 5:30 at least five mornings a week to exercise. An avid bicyclist, he prefers to "ride a quick 15-20 miles before work," but Atlanta is proving to be less accommodating than his old neighborhood in Madison. "There are some great hills but still too many cars going too quickly and not enough bike lanes," he laments. "I'm looking for spinning courses and on the weekends some places to throw the bike on the back of the car. I need to go up to Dahlonega where there are some good-looking hills."

But traffic notwithstanding, Chancellor Davis is confident that his move to Georgia was the right one. "I'm happy to be here," he says. "I'm impressed by the commitment that the people of this state are making to education. That challenges me to make sure that the investments they make give the greatest returns possible and to ensure that we will continue to do excellent things." ➸

Caryl Cain Brown



Speaking the Same Language

NIH PLANNING GRANT WILL EXPEDITE TRANSLATIONAL RESEARCH

"TRANSLATIONAL" IS THE DEFINING ADJECTIVE FOR 21ST CENTURY RESEARCH. IT MEANS TURNING LABORATORY "EUREKA" MOMENTS QUICKLY AND SAFELY INTO "THANK GOODNESS" MOMENTS FOR PATIENTS AND FAMILIES. THAT REQUIRES STRENGTHENING RELATIONSHIPS BETWEEN SCIENTISTS WHO MAKE DISCOVERIES AND THE HEALTH CARE PROVIDERS WHO IMPLEMENT THEM.

That means rethinking how research is approached and how future researchers learn. National leaders say the approach will reshape American health care into predictive, preventive and personalized medicine.

"There have been unprecedented advances in biomedical research over the past decade," says Dr. Frank Treiber, vice president for research and associate provost at the Medical College of Georgia. "These advances need to be brought together to reach their full potential in improving public health."

He cites the development and synergy of fields including genomics to identify combinations of genes responsible for disease; biomedical imaging and biomarkers to better identify disease risk and monitor treatment; and bioinformatics to integrate and analyze information.

"The National Institutes of Health is seeing a need to provide institutions with resources to help researchers from these disciplines work together efficiently to enhance the efficiency and speed of bringing scientific advances to the public," says Dr. Treiber.

MCG sees it as well.

Last year, senior leaders made a high priority of expanding and transforming clinical and translational research for its five-year strategic research mission.

This October, MCG was among 52 universities to receive a one-time NIH planning grant to prepare for an institutional Clinical and Translational Science Award. A dozen universities received CTSAs in the first round of funding.

NIH says these awards will:

- Nurture a cadre of well-trained, multidisciplinary and interdisciplinary investigators and research teams
- Create an incubator for innovative research tools and information technologies
- Synergize multidisciplinary and interdisciplinary clinical and translational research

"We competed well with other institutions that have some components already in place that we do not," says Dr. Treiber. "We showed the NIH that we have significant areas of clinical research strength addressing the leading causes of premature mortality and disability in Georgia and the nation. We showed how we will continue to build the infrastructure necessary to make significant contributions in clinical and translational science and to prepare the next generation of biomedical researchers and health care providers."

The $220,000 one-year grant will strengthen translational work in cardiovascular disease, stroke, diabetes and cancer, major health concerns for all Georgians and particularly for minority and ethnic populations. MCG also is establishing certificate and master's-level programs in clinical science and translational research.

"If we are going to become a top-tier academic medical center, we need to do more to integrate our basic scientists, physician-scientists, nurse researchers and other behavioral scientists with other clinical investigators," says Dr. Treiber. "We must expand our biostatistics, bioinformatics and epidemiology capabilities and, most importantly, provide the research infrastructure and environment needed to allow these researchers from diverse disciplines to work with each other. We have to create a new home for people to cross

> "THE NATIONAL INSTITUTES OF HEALTH IS SEEING A NEED TO PROVIDE INSTITUTIONS WITH RESOURCES TO HELP RESEARCHERS FROM THESE DISCIPLINES WORK TOGETHER TO ENHANCE THE EFFICIENCY AND SPEED OF BRINGING SCIENTIFIC ADVANCES TO THE PUBLIC."
>
> –DR. FRANK TREIBER

VICE PRESIDENT FOR RESEARCH FRANK TREIBER (FOREGROUND) WITH CTSA STEERING COMMITTEE

disciplines, departments, centers, institutes and schools, and they have to be rewarded for doing that. Some of this is already happening, but we will continue to nurture it so that it mushrooms and leads to our ability to compete for a prestigious CTSA in the next several years."

In recent years, MCG has seen unprecedented research activity on campus, including defining areas of focus, expanding research teams, opening two research buildings, strengthening core laboratory facilities and establishing a Department of Biostatistics to help gather and assess findings. But the shifting sands of research in the country require even more.

"The goal of this planning grant is to ask experts, 'If you were to design a system that would accelerate the transition of basic science insights and physiological insights to improve public health, how would you do it? If you were to design a system to train clinical translational scientists for the future, how would you do it?'" says Dr. Guy Reed, chief of the MCG Section of Cardiology and working group leader for the CTSA planning grant.

Dr. Reed, who researches ways to dissolve dangerous clots, knows firsthand that if the system isn't broken, it's at least in need of major renovation.

"It's sort of an unnatural fit for a clinician," says the Georgia Research Alliance Eminent Scholar in Cardiovascular Disease. "You have to cross-train in two worlds, and one world doesn't really understand the demands of the other very well." CTSA initiatives enable institutions to find more common ground for these 'parallel universes' that develop during training and extend through practice, says Dr. Reed. "This gives MCG the opportunity to marshal its strengths."

> "THE IDEA IS WE CAN TRAIN CLINICIANS IN SCIENCE AND ALSO INTERACT WITH SCIENTISTS IN A CLINICAL SETTING SO THEY START TALKING EACH OTHER'S LANGUAGES."
>
> –DR. RICHARD A. MCINDOE

Using his own area of cardiovascular disease as an example, he runs down a list of research strengths in the Department of Physiology, the Vascular Biology Center, the Georgia Prevention Institute and the Department of Pharmacology and Toxicology.

"The planning grant aims to bring together those strengths and link them with clinical interest, research and training. The grant allows us to think about creating ways to bring in Ph.D. candidates, M.D. candidates, nursing students and allied health students, [helping them] acquire research skills and apply those skills toward questions they will face with their patients."

"One of the stumbling blocks is trying to translate what you find in the lab to the clinic," says Dr. Richard A. McIndoe, bioinformatics expert, associate director of the MCG Center for Biotechnology and Genomic Medicine and a CTSA working group leader. "A big chunk is informatics. How are we going to securely and anonymously access clinical information? How are we going to analyze it? How can we use that information to move science forward? Translational centers facilitate going from bench to bedside."

He concurs that establishing common ground and language should work wonders. "The idea is we can train clinicians in science and also interact with scientists in a clinical setting so they start talking each other's languages."

"All research institutions in the country are moving in this direction," says Dr. Varghese George, chair of the MCG Department of Biostatistics, who is overseeing the educational training and career development component of the CTSA planning grant. "NIH is pushing for it. If you are going to be competitive in the field, you have to do this."

His group already is gleaning the best of existing training programs, which number less than 40, and planning one for MCG. He envisions one year of didactic coursework covering epidemiology, biostatistics, research methods, responsible research conduct and scientific communication as well as how to design studies, analyze data and translate it into publishable scientific conclusions. The first year will conclude the certificate program. For the master's, a second year will include research training, co-mentored by clinical science and biostatistics faculty.

Young clinicians, including new faculty and possibly fellows, are likely students. The training programs, which should be available next fall, probably will be faculty recruitment tools. "Young faculty who want to really be competitive will want to have some of this training," Dr. George says. "They should be able to submit a grant proposal by the time they finish the two-year program." ➸

Toni Baker

A Jumpstart for Business

MCG INCUBATOR RAMPS UP BIOMEDICAL INDUSTRY IN COMMUNITY AND STATE

So you want to start a business.

OK, let's get started: First, you'll need a plan outlining goals, objectives, timelines, marketing strategies, expenses and other assorted details.

Next, you'll need space. Time to start pounding the pavement (and priming the funding pump) to find a place to hang your shingle.

Once you have space, you'll need to fill it with whatever your business requires: office furniture, conference tables, equipment, supplies, personnel....

Then comes the need for contacts, networking sources, consultants, auxiliary services and the many sundries needed to give your business a fighting chance.

Now that those items are checked off, it's time to start actually running the business, with the hope of turning a profit at some point.

"And keep in mind the 3-4-5 rule," cautions Dr. Michael G. Gabridge, associate vice president of technology transfer and economic development at the Medical College of Georgia and director of the university's Life Sciences Innovation Center. "Three out of four startups fail within the first five years."

Odds are even bleaker for biomedical companies, which require massive investments in high-tech equipment that can easily run into hundreds of thousands of dollars.

But what if you could eliminate many of these risks and expenses? What if the office space was already optimally equipped, for instance? What if consultants were already on board? What if your business plan was carefully monitored to greatly increase your odds of success?

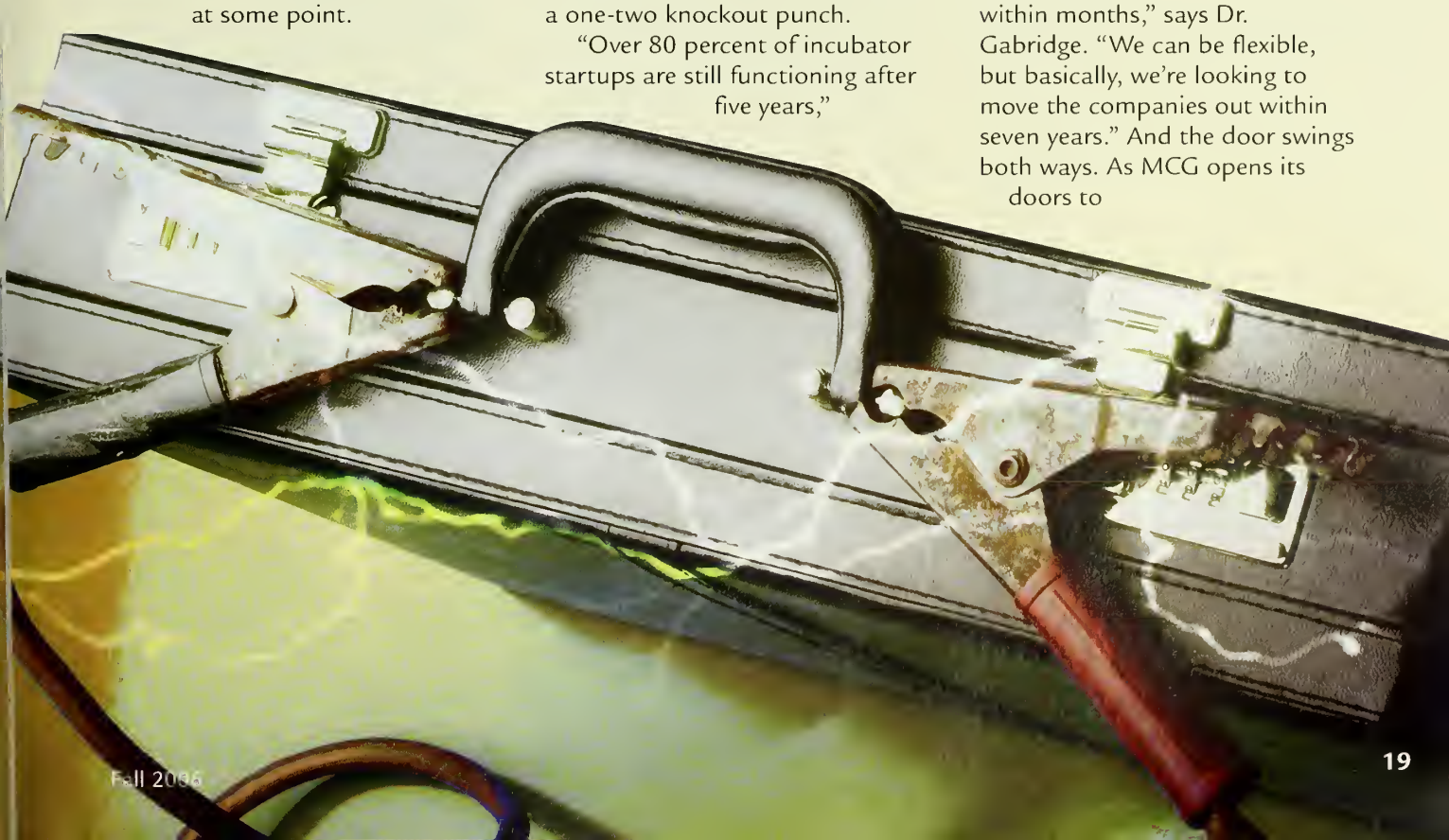
That's when the 3-4-5 rule gets a one-two knockout punch.

"Over 80 percent of incubator startups are still functioning after five years," says Dr. Gabridge, who oversees MCG's biomedical incubator.

The incubator, in MCG's state-of-the-art Interdisciplinary Research Building, houses and assists nascent biomedical companies that stand a good chance of flourishing if given a helping hand.

Dr. Gabridge is happy to offer that hand. He proudly reports that with four companies now occupying the center, the incubator is full. But don't get too used to the tenants; the goal is to help these fledglings spread their wings, then nudge them out of the nest to make room for new startups. The result is a continual infusion of new ideas, products and services designed to improve health and quality of life.

"Some companies spend a considerable amount of time in the research-and-development stage, and others have sales within months," says Dr. Gabridge. "We can be flexible, but basically, we're looking to move the companies out within seven years." And the door swings both ways. As MCG opens its doors to



DR. MICHAEL G. GABRIDGE (SEATED) WITH DR. CHARLES NAWROT, DIRECTOR OF TECHNOLOGY TRANSFER AND ECONOMIC DEVELOPMENT

Current Incubator Companies and Their Focus Areas:

ClariPath Laboratories, *processing and diagnosing prostate biopsies*

EMThrax, *seeking improved vaccines for anthrax and Campylobacter*

Menoa Transgenics, *gene-splicing techniques to improve strains of plants and animals*

Xytex Research, *freezing cells and tissue while preserving their viability for future use*

external biomedical entrepreneurs, it encourages entrepreneurship internally so MCG scientists can move their findings from laboratories to the marketplace.

For instance, one incubator tenant, Menoa Transgenics, is partially owned and operated by Dr. Joseph Kaminski, an MCG radiologist. He teamed up with a local attorney, an investor and a University of Hawaii colleague to use modern gene-splicing techniques to generate improved strains of plants and animals. "We're developing a method to direct a gene to a specific site in the genome," says Dr. Kaminski, whose company moved into the incubator in the spring.

"IT'S THE BEST LAB SPACE IN THE SOUTHEAST. IT'S REALLY THAT GOOD."
–DR. MICHAEL STUMP

And space can be tailored for specific needs. Mark Repko of ClariPath Laboratories noted that his company extensively individualized its space upon moving into two of the incubator suites in August 2005. "But the incubator provides all of our basic needs," he says. "We had an instant lab to start working in. It would have been a considerable expense for us to start from scratch."

Like Menoa, ClariPath relies on highly esoteric technology and equipment. The company, which processes and diagnoses prostate biopsies for clinics and hospitals nationwide, stresses speed and accuracy. "Clients can access reports via the Internet, consult with our pathologists in real time and be assured of chain of custody [thanks to technology including bar-coding and robotics]. Our whole workload is geared toward error prevention."

The incubator enhances those features. "Automation and safety are two priorities for ClariPath," Mr. Repko says. "The incubator provides centrifuges, refrigerators and other equipment that allow us to do our best work. This facility is excellent. We couldn't ask for a better laboratory environment."

Dr. Michael Stump, a bioanalytical chemist and co-owner of tenant company EMThrax, couldn't agree more. "It's the best lab space in the Southeast," he says simply. "It's really that good."

"Our incubator laboratories are large and outfitted with all of the major equipment that a startup company in the life sciences might want," Dr. Gabridge says. "Thanks to a generous grant from the OneGeorgia Authority to the Georgia Medical Center Authority, the incubator has items like laminar flow hoods, special freezers for biological specimens, incubators, water baths and numerous other items that every bio-lab might need." The Georgia Research Alliance also was a major contributor to the center.

Incubator companies also benefit from MCG's mentors, consultants and extensive networking environment. And tenants have access to MCG's 12 core laboratories, which expedite research in areas including genomics, cell production, cell imaging and transgenic mouse studies.

"Incubator-run companies are more likely to succeed for a whole host of reasons, not the least of which is the ability of companies and scientists to interact," says Dr. Gabridge.

The tenants concur, noting that whether lunching in the Terrace Dining Room or striking up conversations while walking across campus, they feel like members of the MCG community.

Dr. Gabridge applauds this collegiality, which he considers a natural outgrowth of MCG's mission to improve health and reduce the burden of illness in society. For instance, tenant company Xytex Research freezes cells and tissue while preserving their viability for future use. A common application is freezing reproductive tissues for cancer patients whose treatment may otherwise render them infertile—a goal that MCG couldn't take more pleasure in helping to expedite.

Likewise, EMThrax, which is seeking improved vaccines for anthrax and Campylobacter, is collaborating with Dr. Stuart Thompson in the Department of Biochemistry and Molecular Biology on the Campylobacter vaccine. Bringing the connections full circle, EMThrax owner Dr. Stump is working toward an adjunct faculty position in the Center for Biotechnology and Genomic Medicine. EMThrax also is collaborating with the U.S. Army Medical Research Institute and the University of Georgia Complex Carbohydrate Research Center.

The synergy pleases Dr. Gabridge greatly. "Our values and our goals have to jibe," he says.

An admissions committee vets tenant applications, assessing factors including potential benefits to society and marketability of the products and/or services.

"They need a solid business plan," Dr. Gabridge says. "Entrepreneurship is not for everyone. It takes a certain mindset and skill set. But we do all we can to assist those who are interested."

He recently hired Jonathan Goolsby, a marketing specialist, to spread the news of the Life Sciences Innovation Center to scientists and potential entrepreneurs statewide and beyond. But the current tenants insist that the incubator sells itself.

"As a startup, we're already making money," says Mr. Repko. "That's remarkable." ⊷

Christine Hurley Deriso

"THANKS TO A GENEROUS GRANT FROM THE ONEGEORGIA AUTHORITY TO THE GEORGIA MEDICAL CENTER AUTHORITY, THE INCUBATOR HAS ITEMS LIKE LAMINAR FLOW HOODS, SPECIAL FREEZERS FOR BIOLOGICAL SPECIMENS, INCUBATORS, WATER BATHS AND NUMEROUS OTHER ITEMS THAT EVERY BIO-LAB MIGHT NEED."

—DR. MICHAEL G. GABRIDGE

Double Whammy?

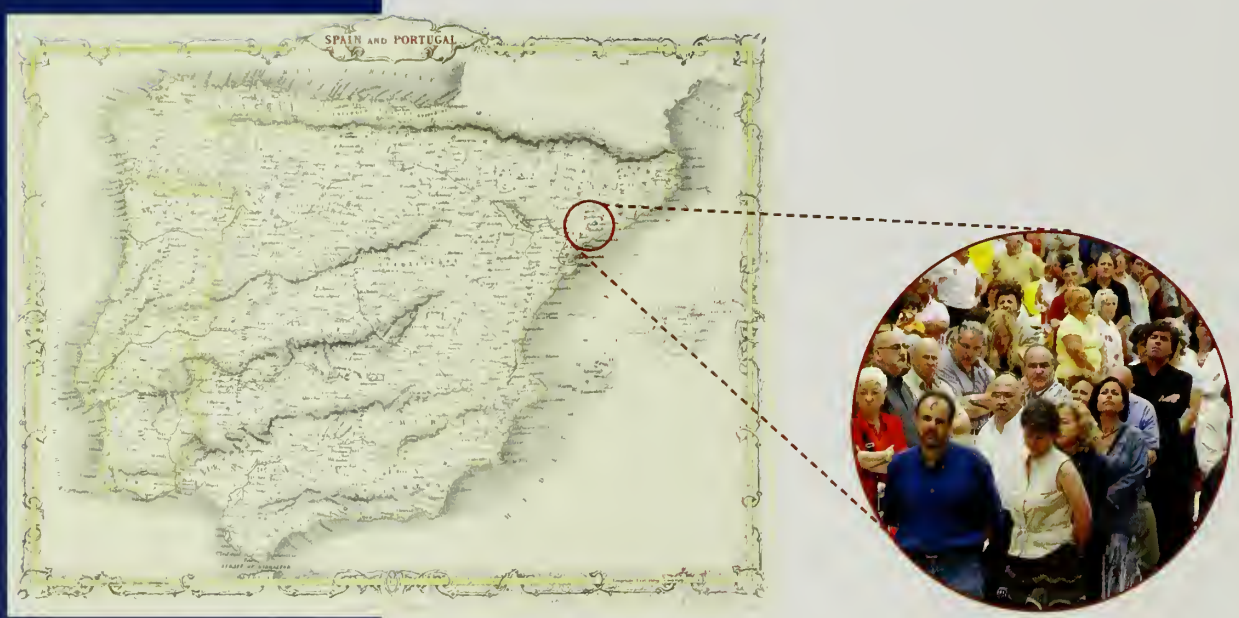
STUDY EXPLORES SCHIZOPHRENICS' RISK OF DIABETES

'WE KNOW IT'S THE MEDICINE. I'M ASKING WHETHER IT'S THE DISEASE AS WELL.'

–DR. BRIAN KIRKPATRICK

Dissecting the relationship between schizophrenia and an increased risk of type 2 diabetes has physician- scientists reaching across the Atlantic Ocean.

They are looking at newly diagnosed schizophrenics in a Spanish community to gauge schizophrenics' risk of diabetes.



THE *ESQUERRA EIXAMPLE* NEIGHBORHOOD IN BARCELONA WAS SELECTED AS A PRIMARY STUDY SITE BECAUSE IT HAS A FAIRLY HOMOGENOUS POPULATION AND RESEARCHERS CAN STUDY PATIENTS EARLY IN THE ILLNESS.

Scientists know the drugs that best control psychosis increase the risk. "We know it's the medicine; I'm asking whether it's the disease as well," says Dr. Brian Kirkpatrick, vice chair of the Medical College of Georgia Department of Psychiatry and Health Behavior and principal investigator on the National Institute of Diabetes & Digestive & Kidney Diseases-funded study.

Dr. Kirkpatrick and colleagues at Hospital Clinic at the University of Barcelona in Spain and the University of Maryland note mounting evidence that developmental problems resulting from significant maternal stress in the second or early third trimester of pregnancy may cause schizophrenia and related problems.

"The brain has this incredibly complex development where cells are born here and march over here and send communication over here; [in schizophrenics,] this goes wrong from the very beginning probably," Dr. Kirkpatrick says. "If you look at the brain under a microscope, at first blush, it looks pretty normal, but there are subtle differences."

Schizophrenia symptoms can include memory and attention problems, wide palates and subtle abnormalities of fingertips, ear shape and peripheral muscle nerves. Psychotic symptoms typically start in late adolescence or early adulthood. "Although psychosis is what we often treat, it's just part of the problem," says Dr. Kirkpatrick.

"BAD THINGS IN UTERO INCREASE THE RISK OF DIABETES AND THE RISK OF SCHIZOPHRENIA. IT MAY BE THEY ARE GOING TO BE ASSOCIATED BECAUSE THE SAME BAD THINGS CAUSE BOTH."

–DR. BRIAN KIRKPATRICK

Researchers believe the developmental abnormalities also increase the risk of diabetes. One recent study, based on data from the Clinical Antipsychotic Trials of Intervention Effectiveness Schizophrenia Trial, showed that about 50 percent of female schizophrenics and 37 percent of male schizophrenics have

metabolic syndrome, a group of risk factors that includes abdominal obesity, high lipid and cholesterol blood levels and insulin resistance.

Dr. Kirkpatrick has a chart of weight gain based on drugs used to treat psychosis that resembles a stairway to disaster. Patients on olanzapine and clozapine, two of the most effective anti-psychotics, gained about 10 pounds within a few weeks. While weight gain is a major risk factor for type 2 diabetes, previous studies have shown the disease also can appear in schizophrenics shortly after they begin treatment and *without* weight gain.

Studies predating anti-psychotics also have shown schizophrenics have an increased rate of impaired glucose tolerance or insulin resistance, a hallmark of diabetes. "It's not 100 percent; it just changes your risk. Bad things in utero increase the risk of diabetes and the risk of schizophrenia. It may be they are going to be associated because the same bad things cause both," says Dr. Kirkpatrick.

In the study, researchers are comparing glucose tolerance in newly diagnosed schizophrenics to that of healthy people as well as those with untreated depression and those with a recent major crisis. All except the healthy group should have increased levels of cortisol, a stress hormone that can mimic diabetes by increasing insulin resistance.

The *Esquerra Eixample* neighborhood in Barcelona was selected as a primary study site because it has a fairly homogenous population and researchers can study patients early in the illness.

Patient enrollment began in 2005 and researchers hope to enroll 82 people in each arm of the study. After initial testing, schizophrenics will receive olanzapine and be followed. Researchers hope to glean measures clinicians can easily use to predict development of insulin resistance with anti-psychotic treatment. Greater insulin resistance prior to treatment may be the measure, Dr. Kirkpatrick says. ⊶

Toni Baker

Giving Voice to Schizophrenia

MCG PATIENT'S STORY REFLECTS HUMAN TOLL OF DISEASE

The first time he heard the voice, he was a child and it was a whisper.

"I thought it was just my imagination," says Brian*, who first heard the unintelligible voice when he was 4 or 5. "It only happened a couple of times in my childhood that I can remember."

Otherwise, life was mostly good. Brian had loving parents and good friends but struggled with school. He could do the work; he just didn't want to. He quit when he was 16 and still in

** Last name withheld by request.*

the seventh grade. "I didn't find it challenging or interesting," he says. So Brian moved on, working long and hard to make a living.

But the voices eventually came back. Over the years, they got louder and began to sound like his. They would tell him he was going to go to hell, or direct him to move a glass or sit a certain way. Amazingly, he mostly didn't listen.

Brian *was* listening to his parents, who kept urging him to take the General Educational Development exam. Even with some goofing off, he managed to prepare for the high school equivalency test and pass it within five months. He was 21 and working as a security officer, a job that was a solid fit for his natural curiosity.

In the next few years, the voices grew impossible to ignore. He could no longer focus on work, so he started losing jobs. "I don't know how I got through it. I give a lot of credit to my God. I wanted to go into a closet, real dark, and just stay there. It's like I had a shove each and every time I felt like that to get out, do things, work."

Bad got worse and Brian eventually became homeless. "It was scary. I didn't know where I was going to get my next meal, where I was going to sleep. It's not something anybody should have to go through. I don't see why it happens, but it does."

He went to the Salvation Army, where once again he was able to put his life back together. The voices subsided and he went to work for the institution that gave him shelter. One day, a young woman in need came to the center. Four months later, they married. "It was one of those things, just love. That's it," he says.

Their lives were awesome for a time. "I was working. I was doing well, [no longer in] financial constraints." They had cars, food in the refrigerator and money for vacation.

Then, in 2003, the couple had to move quickly. Brian thinks stress set off another episode. The voices started again... loud this time, and telling him to kill somebody.

"One morning, I was supposed to go to work. I told my wife I would be back that afternoon. I got in my truck and instead of making my usual right-hand turn to go to work, I took the left fork and went to the hospital."

At the hospital, Brian, then in his late 20s, was finally diagnosed with schizophrenia.

A psychiatrist he had seen back when he was struggling with school had diagnosed depression. But Brian had stopped taking the antidepressants almost as soon as he started. A book about mental health his wife had given him made him suspect this second doctor was right.

"It was a relief," he says of finally understanding why he heard voices ... why sometimes he would feel a presence standing behind him, even feel a hand on his shoulder. "I finally found a weapon I could use to beat those episodes back and have a clear mind."

While many people with schizophrenia won't take their medicine, Brian happily takes his. "I don't want to go through what I have been through again. There are a lot of things I want to do. I want to work again. I want to take care of my family [without] my wife having the worry of all the bills on her shoulders." While he's grateful for a small disability check, he'd rather work.

Brian daily ponders how to make those dreams come true.

He steps into his own world sometimes, replete with Harry Potter books, when the realities of this one get to be a little too much.

In his world, the voices are not gone, but they are once again a whisper. ➸

Toni Baker

PILLS VS. INJECTIONS

A new study will determine whether schizophrenics—more than half of whom don't take their medication as directed—will fare better with biweekly physician visits and injectable drugs.

"We are comparing whether people who get the injectable medicine will do better in symptoms or functioning and have fewer relapses over 30 months of treatment," said Dr. Peter Buckley, chair of the Department of Psychiatry and Health Behavior and a principal investigator on the five-year, $11 million study funded by the National Institute of Mental Health.

The study will follow 304 outpatient adults whose disease relapsed within the last six months because they did not take their medicines properly or became resistant to them. MCG will enroll 38 patients, including those at two public mental health centers, Ogeechee Behavioral Health Services and Serenity Behavioral Health Systems.

Participants will take a commonly prescribed antipsychotic pill or injections of risperidone microspheres, an injectable version of a relatively new antipsychotic. Injectable antipsychotics have been around since the 1970s, but only about 5 percent of U.S. patients use them. "Some doctors believe injections violate patient autonomy. With a pill, you can always stop it the next day; here you have something that is going to stay in the system," said Dr. Buckley, who chairs the National Institutes of Health's Interventions Committee for Schizophrenia Spectrum Disorders, Personality Disorders and Disorders of Late Life.

"If this package of regular visits and injectable medicine reduces relapse rates, it will provide a tremendous quality-of-life benefit for patients and be economically advantageous as well," said Dr. Buckley.

"Relapse is the nature of the disease," says Dr. Philip Horton, medical director at Serenity Behavioral Health System. "The same people come back over and over again; they stop their medications and relapse. Participating in this study will be good for us and our patients."

"Conducting this study at public mental health facilities is a great boost to this research since it is in centers like these that the study's results are likely to have the greatest impact," said Dr. Thomas Bornemann, executive director of the Mental Health Program at the Carter Center in Atlanta. "This study provides an excellent opportunity to help transform the mental health system in Georgia." ❧

"WE ARE COMPARING WHETHER PEOPLE WHO GET THE INJECTABLE MEDICINE WILL DO BETTER IN SYMPTOMS OR FUNCTIONING AND HAVE FEWER RELAPSES OVER 30 MONTHS OF TREATMENT."
–DR. PETER BUCKLEY

Study Sites

- MEDICAL COLLEGE OF GEORGIA
- OGEECHEE BEHAVIORAL HEALTH SERVICES, WAYNESBORO, GA.
- SERENITY BEHAVIORAL HEALTH SYSTEMS, AUGUSTA, GA.
- HARVARD MEDICAL SCHOOL-FREEDOM TRAIL CLINIC AND CORRIGAN MENTAL HEALTH CENTER, BOSTON
- THE UNIVERSITY OF NEW MEXICO, ALBUQUERQUE
- THE ZUCKER HILLSIDE HOSPITAL, NEW YORK CITY
- THE UNIVERSITY OF IOWA, IOWA CITY
- CREIGHTON UNIVERSITY, OMAHA, NEB.
- THE UNIVERSITY OF CALIFORNIA AT LOS ANGELES

Back in Control

BLADDER PACEMAKER IMPROVES QUALITY OF LIFE

CENTRA MAZYCK

It was a windy November day in Fort Bragg, N.C.—so much so that 29-year-old Centra Mazyck found her petite frame drifting toward another jumper as she parachuted from the C131 aircraft. She and the other jumper untangled themselves just feet above the rapidly approaching ground. The near-fatal accident left Sgt. 1st Class Mazyck permanently paralyzed from the waist down.

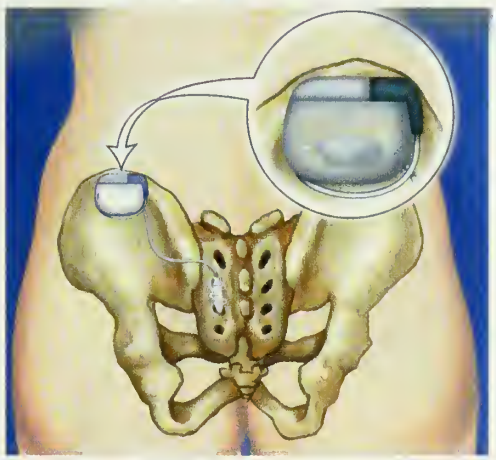
"At times, you have a rough landing. I honestly thought that was the case," Sgt. Mazyck recalled. "Before waking up surrounded by my family, the last recollection I had was of drop-zone medics cutting away my boot and pant leg. When I woke up, the medical professionals explained that I would never walk again."

During her extended hospital recovery, part of which was spent at Augusta's Department of Veterans Affairs Medical Center, Sgt. Mazyck had no trouble with her bladder. But upon returning home to South Carolina, she became one of the 13 million Americans—mostly middle-age women—who suffer from urinary control problems. Her bladder began to collapse, causing frequency and leakage problems.

"My doctors unsuccessfully tried three different types of bladder medications and a bladder patch," she said. "Then, we found the solution that has greatly improved my quality of life."

Sgt. Mazyck is one of many patients who have had InterStim therapy at MCG Health System under the direction of Dr. Ronald Lewis, chief of urology. Using minimally invasive techniques, physicians implant a small stimulation system similar to a cardiac pacemaker under the skin. This system electrically stimulates nerves near the tailbone that control bladder function. "This therapy may be an effective alternative for any patient who has not had success with medications or other treatments," Dr. Lewis said.

After a trial period, patients may be candidates for a permanently implanted device. "Many patients have such dramatic relief during the test that they can't wait to have the long-term therapy. The frustration and embarrassment of bladder control problems exact a heavy toll on their emotional well-being," Dr. Lewis said. "This therapy, which is covered by Medicare and most private insurance companies, is a major breakthrough that can restore patients' freedom and give them back normal functioning."



Medtronic InterStim® Therapy - Illustrated Depiction of Device Placement. Courtesy of Medtronic, Inc.

Sgt. Mazyck agrees. "I knew that it had worked by the second day of the trial run," she said. "The leakage stopped and I had less frequency. I had the permanent surgery on March 2, 2006, and it has changed my life. I feel normal again because I don't have to worry about incontinence. Being paralyzed, that means a lot to me." ⊶

Deborah Humphrey

Out and About

WEB SITE BRINGS ACCESSIBILITY INFORMATION TO THE DISABLED

www.accessaugusta.org

A graduate research project at the Medical College of Georgia helps the disabled better plan their outings in Augusta.

The newest version of Access Augusta, a project begun by the School of Allied Health Sciences Department of Occupational Therapy in 1986, offers a user-friendly Web site, www.accessaugusta.org, describing the accessibility of public buildings, stores, restaurants and other Augusta-area sites. Four occupational therapy students spent the past two years updating the project, using surveys and accessibility data from the past 20 years and adding information to include new businesses.

"The Web site is the most comprehensive look at accessibility in Augusta," said Molly Hefner, who participated in the project. "Our aim is to improve quality of life by allowing physically challenged Augustans to live more independently."

The Web site provides a simple chart citing handicapped accommodations at 100 popular businesses. The businesses are placed in categories such as hotels, apartments, entertainment, restaurants, government buildings and shopping/retail. The survey looks at several aspects of accessibility, including parking, entry, interiors, restrooms and assistance.

"Our intent is to make it easy for consumers to access useful information and ultimately to help them adapt," said project participant Vanessa Gabriele.

The students attempted to maneuver through store aisles or around restaurant tables in wheelchairs. They also looked at how businesses accommodate other disabilities, such as visual and hearing impairment.

"We found several restaurants with Braille menus and businesses offering telephones with amplifiers," said participant Kimberly Chu.

Project goals include creating an unbiased survey of places and determining the percentage of accessible Augusta-area businesses.

"We aren't trying to make any one business look bad or good—we just want the information available to make life easier for people in Augusta," said participant Sidra Ahmad.

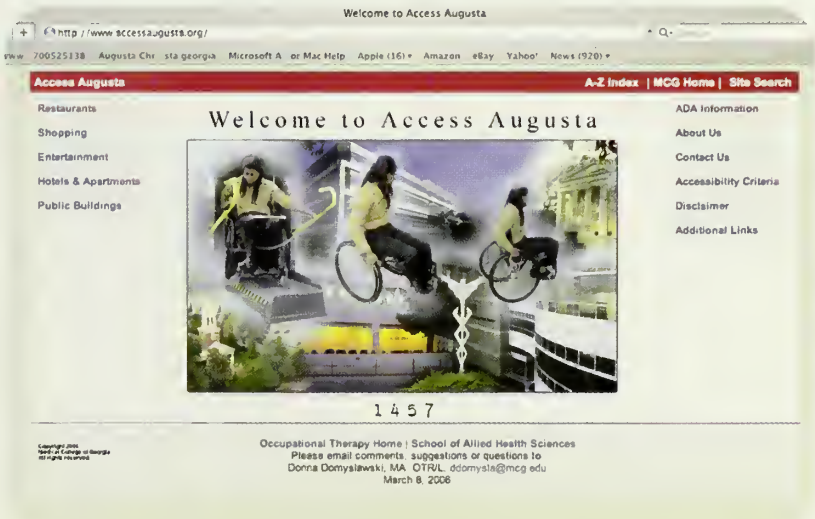
Donna Domyslawski, assistant professor of occupational therapy and the group's graduate advisor, suggested the project when the Department of Occupational Therapy transitioned from a bachelor's to master's program three years ago.

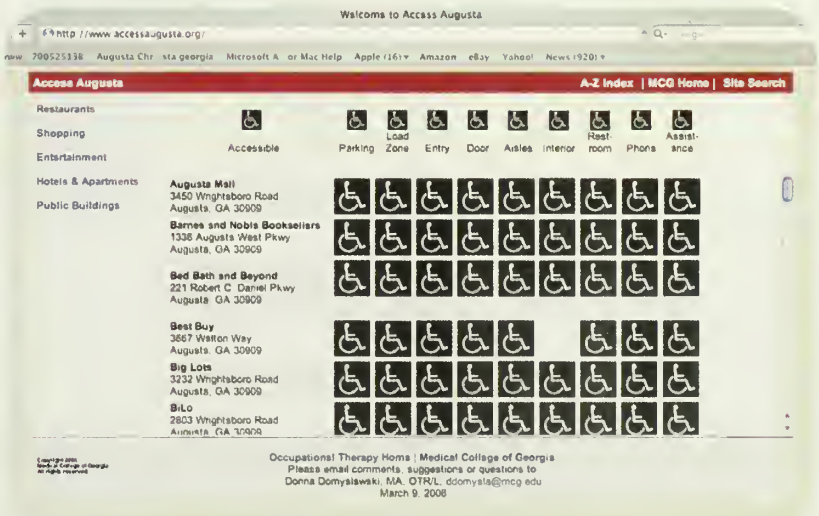
"I wanted to further develop Access Augusta but never found the time," she said. "This group of students has been wonderfully creative with it. I think this has broadened their perspective of what occupational therapy has to offer and shown that it's very much community-based."

The students plan to create and distribute a booklet throughout Augusta for those who can't access the Internet. They hope future occupational therapy students maintain and expand the Web site.

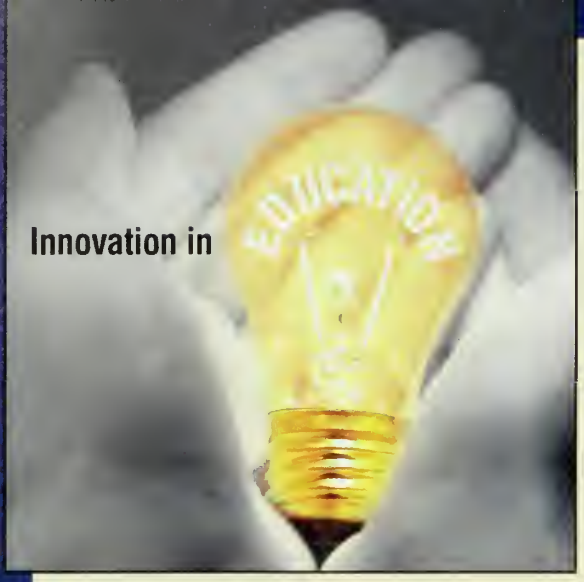
"We want the site to be as encompassing as possible," Ms. Chu said. "It's set up so upcoming classes can add research and experiment with the design. We hope this will be a valuable resource for people in Augusta for many years to come." ⊷

Kim Miller





"THE WEB SITE IS THE MOST COMPREHENSIVE LOOK AT ACCESSIBILITY IN AUGUSTA. OUR AIM IS TO IMPROVE QUALITY OF LIFE BY ALLOWING PHYSICALLY CHALLENGED AUGUSTANS TO LIVE MORE INDEPENDENTLY."
–MOLLY HEFNER, OCCUPATIONAL THERAPY STUDENT



Contract Will Strengthen Dental School's Mission

NOBEL BIOCARE

A $6.2 million contract between the Medical College of Georgia and Nobel Biocare, a leading manufacturer of dental implants and equipment, will strengthen the school's educational and research mission, school officials say.

Of the contract total, $4.2 million will be funneled through the School of Dentistry to fund programs including educational enrichment workshops and clinical research trials. Another $2 million will be used by MCG's Visual and Instructional Design Services to create a digitally based educational program for international distribution.

"NOBEL BIOCARE WAS THE FIRST IMPLANT COMPANY IN THE WORLD TO BRING INNOVATIVE RECONSTRUCTIVE PRODUCTS TO THE DENTAL PROFESSION. BECAUSE OF ITS GENEROSITY, OUR STUDENTS AND RESIDENTS WILL HAVE ACCESS TO THE LATEST TECHNOLOGY AND CUTTING-EDGE TREATMENT FOR THEIR PATIENTS, BOTH NOW AND IN THEIR FUTURE PRACTICES."
–DEAN CONNIE DRISKO

DEAN CONNIE DRISKO WITH NOBEL BIOCARE LEADERS

The contract also will establish the school as a Nobel Biocare Center of Excellence.

Dr. Roman M. Cibirka, associate provost and vice president for instruction, and Dr. Carol A. Lefebvre, associate dean for strategic initiatives and faculty development in the School of Dentistry, will serve as center co-directors.

"This generous educational contract between Nobel Biocare and MCG will enable us to make one of the most important curriculum changes in the history of the school," said Connie Drisko, Merritt professor and dean of the School of Dentistry. "Our new five-year contract with this world-renowned company will move the school to a new level of excellence in research, education and patient care. Nobel Biocare was the first implant company in the world to bring innovative reconstructive products to the dental profession. Because of its generosity, our students and residents will have access to the latest technology and cutting-edge treatment for their patients, both now and in their future practices."

"Nobel Biocare is determined that undergraduate programs for dentists include the newest treatment solutions like implants and all ceramic restorations," said Heliane Canepa, president and CEO of Nobel Biocare. "As the world leader, it is our duty to support educational institutions so that they can provide the best

education for their students, ultimately for the benefit of the patient. To be able to secure future development, it is also necessary to support research, both clinical and basic research."

The contract comes on the heels of the school's new Comprehensive Care Clinic *(see page 6)*.

"This has been a landmark year for the School of Dentistry," said MCG President Daniel W. Rahn. "This contract reflects the confidence that industry leaders have in our dental school's students, faculty and educational programs. It will be a significant benefit to the school as it expands its educational, research and clinical mission."

Of the allotted funds, which will be disbursed over five years, $1.4 million will be for in-kind services.

"For example, the implementation of the new Comprehensive Care Clinic will allow predoctoral dental students to place implants, which they've never been able to do before," said Dr. Lefebvre. "Students will also be providing more all-ceramic restorations for their patients. The implant components and equipment needed to do those types of procedures will be supplied by Nobel."

Another $1.5 million will be used for clinical support personnel, including a master laboratory technician to make all-ceramic restorations. It also includes support for clinicians who will make presentations in an Indications-Based Treatment Solutions Series for students practicing in the Comprehensive Care Clinic.

"The series will feature master clinicians who will be on hand to relate their real-world experiences with various treatments to our students," Dr. Lefebvre said. "The contract will also allow the school to develop a program to track students after they graduate and determine the effect of dental school training on their future practices."

Another $1 million will fund clinical and basic research of developing treatments, including fatigue testing on ceramic restorations and a new bone-inducing implant to treat tissue loss from periodontal disease.

The implant is being tested by Dr. Ulf Wikesjö, MCG professor of periodontics, who is researching wound-healing and tissue regeneration with a separate $1.2 million grant from Nobel Biocare *(see page 32)*.

The $2 million contracted through Visual and Instructional Design Services will fund an advanced global education program on implant and aesthetic restorative solutions that will be distributed internationally to other dental schools. The program, guided by Dr. Cibirka, will be digitally based so it can be applied in Web-based or other technologically advanced learning platforms.

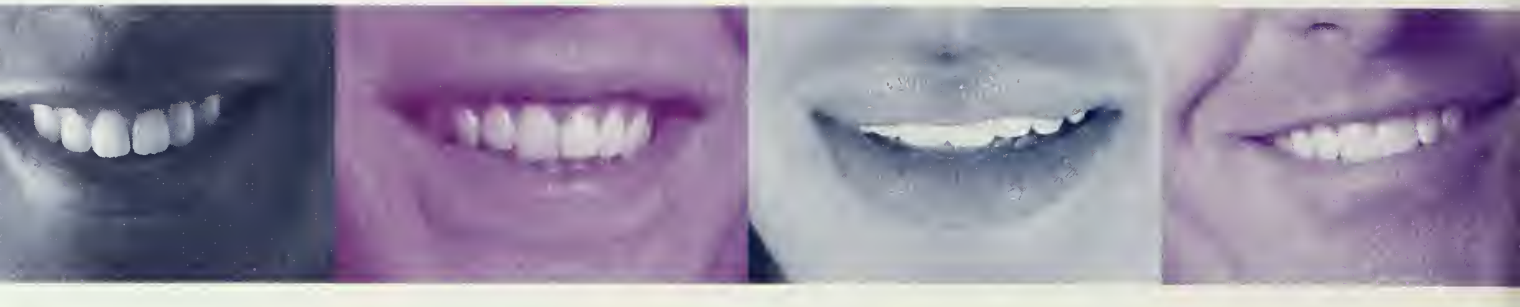
"Nobel Biocare carefully selected the Medical College of Georgia to collaborate with to develop this unique global educational program based on the highly regarded talents of our instructional designers in Visual and Instructional Design Services," Dr. Cibirka said. "I have presented this educational platform on every continent around the world and have met with nothing less than the highest compliments for the talents of our academic support units. The substantial international recognition for our academic enterprise at the Medical College of Georgia is magnificent."

"It is a great privilege for MCG to continue our longstanding relationship with this international company, one that has been built on exceptional performance and mutual respect," Dr. Drisko said. "We are very appreciative of Nobel's generous support of our educational programs."

Nobel Biocare products are consistently used in the School of Dentistry and several faculty members serve as research consultants for the company. The school was one of two U.S. sites to broadcast live surgeries showcasing new implant procedures last spring, a project also funded by the company. ➸

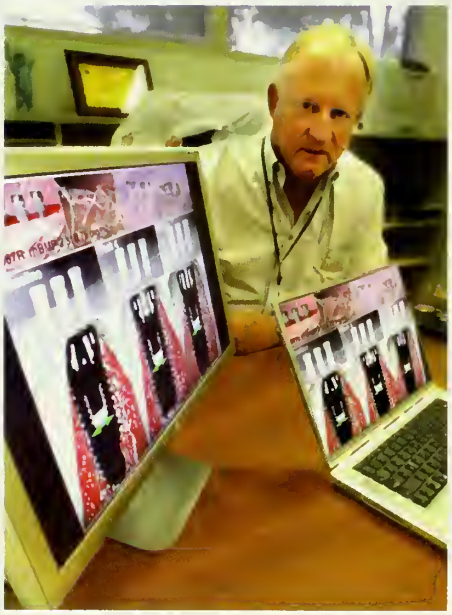
Jennifer Hilliard

DEAN CONNIE DRISKO (FROM LEFT), NOBEL BIOCARE PRESIDENT HELIANE CANEPA AND MCG PRESIDENT DANIEL W. RAHN LOOK ON AS DR. ROBERT GOTTLANDER, EXECUTIVE VICE PRESIDENT OF NOBEL, SIGNS A $6.2 MILLION CONTRACT.



Something to Smile About

DENTAL IMPLANT INDUCES BONE REGENERATION



DR. ULF WIKESJÖ

A titanium dental implant coated with proteins that induce bone formation is a key advancement in treating tooth loss due to gum disease, researchers say.

In laboratory tests, Medical College of Georgia researchers applied a protein that directs stem cells into bone-forming cells onto a dental implant. The result was a nearly complete regeneration of lost tissues, said Dr. Ulf Wikesjö, MCG professor of periodontics.

Tissue loss including bone is a common result of gum disease.

Dr. Wikesjö, who came to MCG this year from Temple University in Philadelphia, is researching wound-healing and tissue regeneration with a $1.4 million grant from Nobel Biocare, a leading manufacturer of dental implants and equipment. Finding the key to regeneration is like putting the pieces of a puzzle together, he said.

"For the past 20 years, there has been a quest to regenerate tissues around teeth that are lost due to periodontal disease," he said. "I've looked at multiple approaches to achieve regeneration, including bone grafts, root-conditioning and membrane devices for directed tissue growth, all resulting in *some* regeneration. We had to look at the commonalities among these treatments."

Dr. Wikesjö and his colleagues found that regeneration requires a stable wound and space for the regenerated tissue to grow during the first stages of healing.

"If these components are in place, regeneration of the tissues around the tooth may occur within a week or two," he said. "After that, it's a matter of the wound maturing – going through the various stages of healing that we're already familiar with."

By experimenting with treatments and discerning their effect on healing bone defects, they identified some that actually hindered tissue regeneration. Some of those are considered state of the art and used in clinics today.

"Some biomaterials like hydroxyapatite particles, which are chemically similar to the mineral component of bone, may actually interfere with regeneration," Dr. Wikesjö said. "They may not resorb quickly enough and may block the space for new tissue to grow into."

"FOR THE PAST 20 YEARS, THERE HAS BEEN A QUEST TO REGENERATE TISSUES AROUND TEETH THAT ARE LOST DUE TO PERIODONTAL DISEASE."

–DR. ULF WIKESJÖ

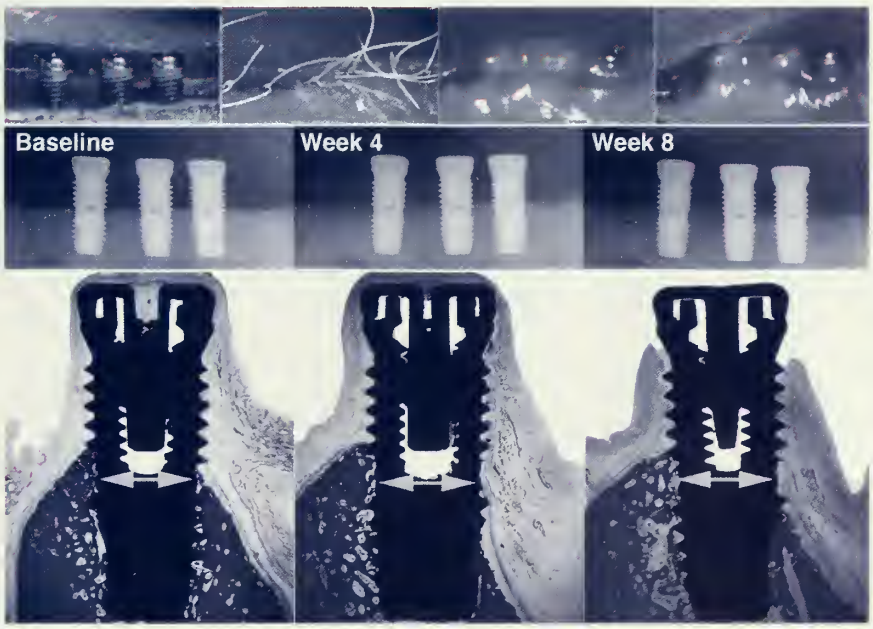
The information helped researchers narrow down possible treatments to the use of proteins that direct stem cells into bone-forming cells. The proteins were implanted around teeth and implants, but around teeth, the proteins caused gum cells to attack and destroy part of the tooth. The result with a coated implant was much better.

"There was almost complete regeneration," Dr. Wikesjö said. "The result so far is that the implant generates its own bone that will bond with existing bone in the gums."

The next step is clinical trials of the implant.

"In some cases, the protein may rapidly release from the implant, and other times, there appears to be a more gradual release," Dr. Wikesjö said. "We need to find out what factors cause that. In the end, we may not need to use much protein to make the implant effective. Those are things we're looking at now." ⊶

Jennifer Hilliard



"THE RESULT SO FAR IS THAT THE IMPLANT GENERATES ITS OWN BONE THAT WILL BOND WITH EXISTING BONE IN THE GUMS."

–DR. ULF WIKESJÖ

Col. Gwendolyn Fryer

'The faculty challenged me to excel.'

Her posture is erect, her diction perfect, her self-assurance complete, as befitting a military officer. She adjusts her uniform habitually, tugging down the shirt, keeping it in place, yet she doesn't seem fidgety, just ready to move at any moment. In an office filled with Army and nursing school mementoes and photographs of her family, patients and friends, she relates her military advancements matter-of-factly, with an unassuming pride that emphasizes teamwork and training.

"I am successful in my military career," says Col. Gwendolyn Fryer, "because of the strong foundation I obtained at the Medical College of Georgia. When I graduated, I felt prepared to embark on any career I chose. I had a sense of accomplishment and positive reassurance that I could do anything I set my mind to."

During nearly 26 years in the Army (she retires next May), Col. Fryer has helped get programs developed, facilities accredited, hospitals trained and nurses recruited and nurtured. Her many awards include the Meritorious Service Medal with fifth Oak Leaf Cluster, the Army Commendation Medal, the National Defense Service Medal and the Global War on Terrorism Ribbon. In 2003, Col. Fryer was inducted into the prestigious Order of Military Medical Merit. Last May, she addressed the U. S. Congress as one of only four Polytrauma Liaison Officers in the country on the impact that role has on the lives of injured active-duty service members receiving care in military and Department of Veterans Affairs medical centers.

In 1971, the Glenn Hills High School graduate planned to study journalism at Mercer University when she heard about a new Summer Enrichment Program at MCG aimed at attracting minorities to the health sciences in general and MCG in particular.

She took that path instead and in her first nursing classes, discovered her passion.

"I love people. I do, in fact, love to help. I like people to stand on their own two feet," she emphasizes, "but I do like to be a vehicle to help show them how."

She also discovered her leadership abilities.

"We had at that time a large influx of minority students," recalls Dr. Joseph Hobbs, then a second-year School of Medicine student and now chair of MCG's Department of Family Medicine and vice dean for primary care and community affairs in the School of Medicine, who was also part of that initial wave of minorities. "Gwen was even then a very serious and

conscientious student who was able to deal with that dynamic social situation extremely well. It was obvious to me that she was a natural leader: friendly, personable, at times no-nonsense, actively involved in campus activities. The insight she had set the stage for the continuing diversity we have on campus today."

"MCG really was a good place to get a nursing career started, because of the people at the time," says Col. Fryer, "like Dean Dottie White, who was very forward-thinking. I know now that she was a visionary. She was very inclusive; she broke barriers."

After earning her MCG degree, Col. Fryer spent seven years as a civilian nurse in hospital settings, moving through a variety of positions with ever-increasing responsibilities. She joined the Army Reserves in 1978, chaired the Georgia Nurses Association Legislative Committee while a member of the national association, and in 1979 went back to MCG for a master's degree in medical surgical nursing with a teaching specialization, all while raising her "pride and joy"—daughter Alex, now an anthropology and film major at Georgia State University.

Then she got an itch.

"I was looking for an adventure," she says. Ironically, her active duty military career never took her farther north than Fort Knox in Kentucky, farther west than Fort Sam Houston in Texas, or farther south than the James A. Haley Department of Veterans Affairs Medical Center in Tampa, Fla.

"I toured the South," she jokes. And always managed to come home to Augusta.

Her third posting at Eisenhower Army Medical Center at Fort Gordon in 2002 enabled her to return something to the university she loves. Currently, she serves as a member of the Advancement Steering Committee for MCG and the School of Nursing, and she has invested in the future by including the institution in her estate plans.

"I am committed to MCG," says Col. Fryer. "This is where I got my start, where I got more than just an education in nursing. I learned about leadership, life, adventure, research and about being a true professional. The faculty taught me about guts and glory as they challenged me to excel. When I say I am a graduate of the MCG School of Nursing, I know it is received with awe and respect. This school educates, prepares and sends out some of the best and most balanced nurses in the world.

"Since MCG has given to me, I want to always give to MCG." ⊶

Sharron Walls

Your IRA Can Help Optimize MCG's Mission

Last August, President Bush signed into law new tax incentives for charitable gifts. The Pension Protection Act now makes it even easier for donors age 70 and older to support education, health care and research at the Medical College of Georgia.

The law enables making a lifetime gift using Individual Retirement Account funds without undesirable tax effects. Previously, any amount taken from an IRA had to be reported as taxable. A charitable deduction was allowed, but only up to 50 percent of adjusted gross income.

Fortunately, these IRA gifts are now simple and free of tax complications. Plus, you can make a gift to MCG now—while you are living and able to witness the benefits of your generosity.

You may contribute funds this way if:

1. *You are age 70 and a half or older*
2. *The gift is $100,000 or less each year*
3. *You make the gift by Dec. 31, 2007*
4. *You transfer funds directly from an IRA or rollover IRA to the MCG Foundation on behalf of the Medical College of Georgia*
5. *You transfer the gift outright to MCG*

Consider a couple of hypothetical examples:

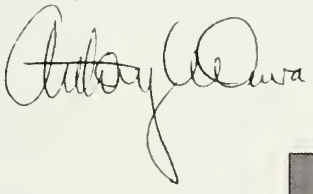
Pat, age 80, has $450,000 in an IRA and has pledged to give $100,000 this year. If Pat transfers $100,000 from the IRA, she can't claim it as a charitable deduction but will avoid paying income tax on that amount. Pat has found an easy way to benefit charity without tax complications. If she desired, Pat could give more than $100,000. The legislation allows a maximum $100,000 gift in both 2006 and 2007, so Pat could give $100,000 each year. If her spouse has an IRA and is 70 and a half or older, he can also give up to $100,000 each year.

Lawrence, age 72, lives comfortably on his pension, savings and Social Security. He is required to take minimum distributions from his IRA each year and pay taxes on those funds. This distribution subjects more of his Social Security income to tax. By directing a portion of his mandatory IRA withdrawal directly to charity, he does not have to report that amount as income and avoids having to pay taxes on those funds. He also prevents additional tax on his Social Security benefits.

For those age 59 to 70, IRA and other retirement funds can be donated to charity without a 10 percent penalty for early withdrawal. While amounts withdrawn and donated in this way are reported as part of your income, they can be deductible as charitable contributions, which generally results in a "wash" for federal income tax purposes. Check with your financial advisor for more details.

It is wise to consult tax professionals if you are contemplating a gift under the new law. And as always, don't hesitate to contact me with any questions.

Sincerely,



Anthony (Tony) Duva
Associate Vice President for Gift Planning
800-869-1113
aduva@mcg.edu

Options for Remembering MCG in Your Will

A bequest of a fixed dollar amount.

A percentage of your estate, allowing you to keep the division of the estate residue in desired proportions regardless of its size.

A contingent gift in which funds go to MCG if a designated beneficiary predeceases you.

A trust that pays income to a designated individual for life, with the remaining principal to be given to MCG thereafter.

A gift in memory/honor of yourself, your family or a person you have loved or admired.

Information in this article is not intended as legal advice. For legal advice, please consult an attorney. Tax laws are subject to change.

News MAKERS

Dr. Balamurali K. Ambati, assistant professor of ophthalmology and cellular biology/anatomy, recently became the youngest volunteer surgeon in the history of ORBIS Flying Eye Hospital, a DC-10 that serves as a mobile hospital for volunteer ophthalmologists serving Third World countries.

Dr. Darrell W. Brann, associate director of the Institute of Neuroscience, has been named to the editorial board of *Neuroendocrinology,* an international journal for brain and hormone interaction.

Dr. Ruth-Marie Fincher, vice dean for academic affairs in the School of Medicine, has received the 2006 Southern Group on Educational Affairs Medical Education Scholarship Career Award. She is the inaugural recipient of the award, which honors educational scholarship and medical education accomplishments.

Dr. W. Kent Guion, associate dean for academic affairs in the School of Allied Health Sciences, has completed the inaugural Health Research and Education Trust Cultural Competence Leadership Fellowship program. The yearlong program helps university administrators identify and address cultural competency issues at their institutions.

Dr. Jaspal S. Gujral, associate professor of medicine, has been named a fellow of the Royal College of Physicians of Edinburgh in Scotland.

Steven Harrison, chair of the Department of Medical Illustration, has received the 2006 Brodel Award for Excellence in Education from the Association of Medical Illustrators. The award, which recognizes outstanding educational contributions to the profession, is the highest educational achievement award in medical illustration.

Dr. David Hess, chair of neurology, and Dr. Robert Yu, director of the Institute of Molecular Medicine and Genetics and the Institute of Neuroscience, have been appointed to the Commission for Newborn Umbilical Cord Blood Research and Medical Treatment by Gov. Sonny Perdue. Dr. Yu also has been elected president-elect of the Society of Chinese Bioscientists in America.

Dr. Joseph Hobbs, chair of the Department of Family Medicine and School of Medicine vice dean for primary care and community affairs, has been appointed to the Executive Committee of the American Board of Family Medicine. He also will chair its Examination Committee and serve on the Bylaws, Credentials and Audit/ Finance Committees.

Valerie Hooper, a doctoral student and graduate research assistant in the School of Nursing, has been named a fellow of the American Academy of Nursing.

Dr. Ahmed Khocht, director of the School of Dentistry predoctoral periodontics program, has received the school's 2006 Teaching Excellence Award. Criteria include teaching, clinical and research skills, professional characteristics and impact on students.

Dr. Laura L. Mulloy, chief of the Section of Nephrology, Hypertension and Transplantation Medicine, has been named interim chair of the Department of Medicine. Dr. Mulloy, Glover/Mealing Eminent Scholar Chair in Immunology, replaces Dr. Steve Schwab, chair of the department from 2003 until he became executive dean of the University of Tennessee Health Science Center College of Medicine in July.

Dr. L. Michael Prisant, director of the Hypertension and Clinical Pharmacology Unit, has been named a diplomate of the American Board of Clinical Lipidology. Diplomates must complete continuing medical education requirements and pass an examination regarding cholesterol disorders.

Dr. Max E. Stachura, director of the Center for Telehealth, has been named a consultant to the University of Tennessee Telehealth Center. He will spend several days a month in Memphis helping the university enhance its program's initiatives in access to health care, disaster preparation, community education and research/analysis promotion.

New FACES

Dr. Mohamed Al-Sayed Al-Shabrawey, assistant professor of oral biology and maxillofacial pathology, completed a postdoctoral fellowship at the MCG Vascular Biology Center after earning his medical degree, master of science degree and Ph.D. in anatomy and embryology from the Mansoura Faculty of Medicine-Egypt.

Heather Anderson, a part-time instructor in the Department of Biobehavioral Nursing, earned a master's degree in family nurse practitioner from MCG.

Peggy Belger, part-time instructor in the Department of Biobehavioral Nursing, earned bachelor's and master's degrees in nursing from MCG.

Dr. Adam E. Berman, director of Cardiac Arrhythmia Ablation Services and assistant professor of medicine, recently completed an advanced fellowship in clinical cardiac electrophysiology at Duke University Medical Center.

Dr. Beverly Boggs, director of student financial aid, is the former executive director of student financial aid at Texas A&M System Health Science Center.

Eileen Brandon, director of development for the School of Nursing, has previously served as a sales account executive for *Augusta Magazine* and director of public relations and marketing for the ReLife/Lakeshore Rehabilitation System in Birmingham, Ala.

Dr. John Coleman, part-time assistant professor in the Department of Oral Rehabilitation, earned his dental degree from the Medical University of South Carolina and practices general dentistry in Lake City, S.C.

Dr. Charlene Czuszak, assistant professor in the Departments of Dental Hygiene and Oral Diagnosis, was formerly a periodontist in the U.S. Army.

Dr. Sunita Dodani, School of Nursing assistant dean for research facilitation and assistant professor, earned a medical degree from Aga Khan University in Pakistan and a Ph.D. in epidemiology and global health certificate from the University of Pittsburgh.

Dr. Michael Anthony Edwards, assistant professor of surgery and director of the Virtual Education and Surgical Simulation Laboratory, recently completed a minimally invasive and bariatric surgery fellowship at Harvard University's Beth Israel Deaconess Medical Center. He is developing a patient-focused Laparoscopic Bariatric Program at MCG Medical Center.

Rebecca J. Etheridge, instructor in the Department of Biomedical and Radiological Technologies, teaches diagnostic medical sonography.

Barbara Flick, part-time instructor in the Department of Physiological and Technological Nursing, coordinated clinical experiences for juniors on MCG's Athens campus in adult medical/surgical areas as a clinical instructor.

Sharyn Renee Flippo, instructor in the Department of Biobehavioral Nursing, earned a master of science degree in pediatric nurse practitioner from MCG in May.

Yolanda Flores, instructor in the Department of Physiological and Technological Nursing, earned a master's degree in trauma and critical care nursing from the University of Maryland at Baltimore.

Dr. Robert Gibson, associate professor in the Department of Occupational Therapy, earned a master's degree in occupational therapy from Boston University and a Ph.D. in medical anthropology from the University of North Carolina at Chapel Hill.

Dr. Kale Gray, instructor of oral rehabilitation, served in the U.S. Army and received an Army Commendation Medal for meritorious achievement as a dentist/soldier in Iraq prior to joining MCG.

Dr. Jamie Heath, School of Nursing interim associate dean for faculty practice and associate professor, was previously an assistant professor at the Georgetown University School of Nursing and Health Studies.

Margo Henderson, instructor in the Department of Health Environments and Systems, is earning her doctor of nursing practice degree at MCG.

Anthony Hightower and Richard Murphy have joined the MCG Legal Affairs Office as senior legal advisers. Mr. Hightower previously directed the University of Wisconsin-Milwaukee Offices of Equity Access and Diversity. Mr. Murphy comes from the U.S. Securities and Exchange Commission's Atlanta District Office.

Dr. Bruce David Janiak, vice chair of the Department of Emergency Medicine, previously directed the Department of Emergency Medicine at The Toledo Hospital in Ohio. Dr. Janiak became the first emergency medicine resident in the country in 1970 at the University of Cincinnati's Cincinnati General Hospital.

Julie Kerlin, MCG's legislative liaison and director of state relations, formerly served as director of communications for Georgia's Department of Community Health.

Dr. Stephen W. Looney, director of graduate programs in the Department of Biostatistics, comes to MCG from Louisiana State University Health Sciences Center, where he jump-started a dormant biostatistics program.

Dr. Laryssa McCloud, research scientist in the Department of Health Environments and Systems, earned a Ph.D. in physiology from MCG.

Barbara McLear, part-time instructor in the Department of Family Nurse Practitioner, earned a master's degree in family nurse practitioner from Georgia State University.

Dr. Elena Carmen Nichita, a forensic psychiatrist in the Department of Psychiatry and Health Behavior, recently completed a forensic psychiatry fellowship at the University of South Carolina School of Medicine.

Lori Rainchuso, assistant professor in the Department of Dental Hygiene, was formerly a faculty member at the University of New Haven.

Dr. Robert Reichl, part-time assistant professor in the Department of Oral Diagnosis and Patient Care, received the "A" designator awarded by the U.S. Surgeon General for professional excellence and is a general dentistry consultant to the Fort Gordon Tingay Dental Clinic's periodontic, prosthodontic and endodontic residency training programs.

Dr. Talmadge Wilkins IV, instructor in the Department of Oral Rehabilitation and director of the General Residency Program, completed a general practice residency and oral and maxillofacial surgery internship at MCG.

Rick Wilson, vice chair of the Department of Physical Therapy, was formerly an assistant professor of physical therapy at the University of South Florida College of Medicine.

Susan Wilson, instructor in the Department of Physiological and Technological Nursing, earned a master's degree in nursing administration from the University of Texas Health Science Center at San Antonio.

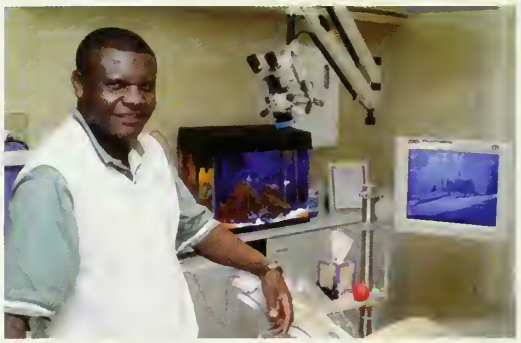
Robert R. Zeyfang, director of development for the School of Medicine, previously served as manager of Medical Oncology Associates of Augusta and director of University Hospital's Georgia Heart Institute.

WELCOME TO MCG!

Calling All Alumni

'A Tree Can't Ignore Its Roots'

Editor's note: Dr. Emmanuel Ngoh, a 1994 graduate of the MCG School of Dentistry and a lifetime member of the School of Dentistry Alumni Association, submitted the following essay about the importance of participating in MCG's Alumni Associations.



When asked why I support my Alumni Association, my response is, 'How can you not?' A tree can't ignore its roots. We have all benefited immeasurably from this great institution and it behooves us to support the school, especially at this critical juncture when funds are needed to compete in the 21st century as a leading institution.

Alumni must stay proactive and involved with our alma mater. Because we are a product of this great institution, we have the opportunity to affect the school's future. MCG's Alumni Associations have provided networking opportunities for graduates, scholarships for deserving students, facility renovations and much more. MCG Alumni Associations also are interested in MCG's future and the quality of education. The associations allow our voices to have optimal impact.

I consider it a privilege to give back a token to an institution that has made me who I am today. I remember applying to dental schools in 1989. Northwestern offered me a scholarship to cover 50 percent of my tuition. But even that reduced figure was approximately four times the cost of attending MCG. That dental school no longer exists, and had I gone there, I would have been heavily loaded with debt. I am proud of MCG; it is an honor to give back to the school. I also love working part time with MCG students and residents. They keep me sharp.

Some of the best things in life have no price tag. Participating in the Alumni Association gives me the personal satisfaction of giving back. It is a joy and an honor to support the institution in a small way. What could be more fulfilling than sharing the bounty of my education with the school that made it possible?

ALLIED HEALTH SCIENCES

Pamela Strickland Bush *(dental hygiene, '86)*, Hephzibah, Ga., has been appointed by Gov. Sonny Perdue to a five-year term on the Georgia Board of Dentistry. She and her husband have two children and four grandchildren. She has been active for 20 years with the American Dental Hygienists Association and Central Savannah River Area Dental Hygiene Society.

Ginger Bearden *(physical therapy, '91)*, Gainesville, Fla., has been certified as a clinical specialist in pediatric physical therapy by the American Board of Physical Therapy Specialties. She works with neonatal intensive care patients and with outpatients in follow-up at The Rehabilitation Institute of Northeast Georgia Medical Center.

DENTISTRY

Dr. Clark M. Carroll *('74)*, Eastman, Ga., has been appointed by Gov. Sonny Perdue to the Georgia Board of Dentistry. Dr. Carroll, a general dentist, is a member of the Steering Committee of the Central Regional Dental Testing Service, the American Association of Dental Examiners, the American Dental Association, the Academy of General Dentistry, the Pierre Fauchard Academy of Dentistry, the Georgia Academy of Dental Practice and the Academy of General Dentistry. He is a former president of the Central District Dental Society and was named a Georgia Dental Association Honorable Fellow. He and wife Jolene have two children.

Dr. George N. Snelling III *('75)*, Martinez, Ga., has been appointed to the Georgia Medical Center Authority by Georgia Gov. Sonny Perdue. He is an investor, real estate developer and owner of Snelling Properties LLP. Dr. Snelling serves on the board of directors for the Georgia Self-Storage Association and is a member of the Georgia Dental Association. He is married to Anne Snelling.

Dr. Lorie Miller-Stevens *('88)*, Gainesville, Ga., recently received the prestigious Mastership Award during the Academy of General Dentistry's Annual Meeting and Exposition in Denver. This is the highest award in general dentistry and one of the most respected designations in the profession. Dr. Miller-Stevens practices dentistry at Quillian's Corner in North Hall County. She is a member of the American Orthodontic Society, the American Dental Association and the Georgia Academy of General Dentistry Board of Directors. She and husband Britt have two children, Leandra and Breland.

Dr. Michael B. Rogers, who completed an orthodontics residency at MCG in 1973, has been named the 2006-07 president of the Georgia Dental Association. He practices orthodontics in Augusta and is past president of the Eastern District Dental Society, Southern Association of Orthodontists, Augusta Dental Society, Georgia Association of Orthodontics, MCG School of Dentistry Alumni Association and Psi Omega Dental Fraternity. A fellow of the American College of Dentists and the International College of Dentists, Dr. Rogers was named a Georgia Dental Association Honorable Fellow in 1988 and is a Pierre Fauchard Academy Fellow. He received a Georgia Association of Orthodontists Exemplary Service Award in 1991 and an Oren A. Oliver Southern Association of Orthodontists Distinguished Service Award in 2002.

GRADUATE STUDIES

Dr. Brooks Keel *(Ph.D. in reproductive endocrinology, '82)*, former associate vice president for research at Florida State University, began his tenure July 17 as vice chancellor for research and economic development at Louisiana State University. His roles will include expanding research funding opportunities for faculty and students, encouraging entrepreneurial activity and broadening the university's role as an economic engine for Louisiana.

MEDICINE

Rear Admiral Joseph H. Miller *('55)* recently published *Mysteries of the Southern Baptist Beliefs Revealed* (Authorhouse, 2006). He retired from the U.S. Navy Reserve in 1986 after 30 years of service and served as chief of neurosurgery at Methodist Hospital and the University of Texas from1985 to 2000. He founded the Memphis Neurosciences Center at Methodist Hospital and the University of Tennessee and developed an international academic interchange in neurosurgery with 27 countries. He and wife Cathy live in Apollo Beach, Fla.

Dr. Murray Freedman *('64)*, Augusta, has been appointed by Georgia Gov. Sonny Perdue to the Board of Human Resources. Dr. Freedman is an MCG clinical professor of OB/GYN and maintains a private practice. He is a past president of the Georgia OB/GYN Society. He is a fellow of the American College of Obstetrics and Gynecology and the American College of Surgeons. He and wife Sandra have two children.

Dr. Charles Williams *('66)*, director of ultrasound at Tallahassee Memorial Hospital and a pediatric radiologist at Radiology Associates in Tallahassee, Fla., has been elected vice president of the American College of Radiology. He is a fellow of the American College of Radiology and a member of the college's Board of Chancellors and Ethics Committee. He is a former chair of the college's Commission on Human Resources and former president of the Florida Radiological Society. A native of Moultrie, Ga., he served in the U.S. Air Force before beginning his medical practice in 1974. He specializes in pediatric radiology and mammography. He and wife Patricia have six children and 14 grandchildren.

Dr. Lloyd Schnuck *('68)* has been selected the 2006 Outstanding Philanthropist by the Augusta Chapter of the Association of Fundraising Professionals. After earning his MCG degree, Dr. Schnuck interned at University Hospital in Augusta, then served in the U.S. Army from 1969-71. While in the service, he volunteered in Vietnamese orphanages and hospitals. His military honors include a Bronze Star, Air Medal, Vietnam Campaign Medal and National Service Defense Medal. After returning to the United States, he completed a diagnostic radiology residency at MCG, then practiced in Savannah, Ga., for more than 20 years. His many acts of generosity include founding MCG's Schnuck Scholarship Endowment to benefit financially needy students.

Dr. Thomas L. Hatchett Jr. *('89)*, Demorest, Ga., has been appointed by Georgia Gov. Sonny Perdue to the Georgia Board for Physician Workforce. Dr. Hatchett practices at Habersham OB/GYN Associates and is president of the Georgia OB/GYN Society. He is a member of the Hospital Authority of Habersham County. He and wife Lenora have six children.

Dr. Mack H. Sullivan Jr. *('91)* has joined The Centre, P.C., Comprehensive Plastic Surgery Practice in Elkhart, Ind. He offers cosmetic and reconstructive surgery to patients throughout the Midwest. He completed a general surgery residency at the Howard University Hospital in Washington, D.C., and a plastic surgery fellowship with the Mayo Clinic Department of Plastic Surgery in Rochester, Minn.

Dr. Wood D. Pope *('01)*, Macon, Ga., has joined the practice of Forsyth Street Orthopaedics Surgery and Rehabilitation Center. He earned his undergraduate degree summa cum laude from the University of Georgia and completed a five-year orthopedic residency at the University of Tennessee Campbell Clinic after graduating from MCG. He is a member of the American Orthopedics Association.

Dr. Charles Frederick (Rickey) Gillespie *('02)* has joined the Department of Psychiatry faculty at Emory University. Dr. Gillespie earned a Ph.D. in neurobiology from Georgia State University before earning his medical degree. He is married to Katrin Scholz Gillespie.

Dr. Cory T. Carpenter *('03)*, Salisbury, Md., practices emergency medicine in the Peninsula Regional Medical Center Department of Emergency Services. He completed a residency in emergency medicine at Christiana Care Health Services in Newark, Del., and has served as a commissioned officer in the U.S. Coast Guard.

Dr. Arturo Aguillon-Bouche, who completed a fellowship in plastic surgery at MCG, has joined the medical staff of Baystate Mary Lane Hospital in Ware, Mass., specializing in plastic, cosmetic and reconstructive surgery.

Dr. Edwin Hendricks, who completed a family medicine residency at MCG, recently enlisted in the Georgia Army National Guard at age 57. He spent a month at Fort Sam Houston in Texas undergoing basic training for medical officers and received a direct commission to the rank of lieutenant colonel. He will serve one weekend a month and two weeks of active duty each year and could be deployed at any time. He lives with wife Nancy in Demorest, Ga., where he has practiced family medicine for 24 years.

OBITUARIES

Dr. Charles Emory Bohler *('54)* died Sept. 9 at age 81 in Bulloch County, Georgia, where he practiced for more than 50 years.
Dr. Bohler, a veteran of the U.S. Army Air Corps 20th Bomber Group, received a Purple Heart and Air Medal as a gunner on the B29 Bomber. He received the Deen Day Smith Service to Mankind Award in 1991 and the Deen Day Smith Lifetime Achievement Award in 1993. He had been on the medical staff of the Bulloch Memorial Hospital since 1955 and was the first physician on the Bulloch Memorial Hospital Authority.

NURSING

Sharon Cooper *(M.S.N., '76)*, Marietta, Ga., has been appointed to the Commission for Newborn Umbilical Cord Blood Research and Medical Treatment by Georgia Gov. Sonny Perdue. She is a state representative for the 41st District and chairs Georgia's Health and Human Services Committee.

Dr. Susan R. Layton *(B.S.N., '88 and M.S.N., '88)*, Tybee Island, Ga., earned her education doctorate from the University of Georgia in August.

OBITUARIES

Winona Jean Dill Bellinger *('60)* died Aug. 5 at age 67. She lived in Valdosta, Ga., and is survived by one daughter, two sons, five grandchildren and her mother.

Alumni

We'd like to hear from you!

To help us keep you up to date on what's happening at the Medical College of Georgia, please keep us up to date on what's happening with you. Please send to:

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Editor's note: Dean Marion's essay partially drew on information from a report, "Who Will Care for Each of Us? America's Coming Health Care Labor Crisis," written by a University of Illinois at Chicago College of Nursing think tank in which she participated.

Reflections

Who Will Care for Us?

by School of Nursing Dean Lucy Marion

Baby-boomer nurses can't help but share a nagging preoccupation these days. We've devoted our careers to caring for others, and we find ourselves wondering, "When we retire and get old and frail, who will care for *us*?"

Among the first boomer nurses, I have watched dramatic and continuous change in the health care system, nursing roles and cycles of nursing workforce shortage. We have witnessed and experienced outrageously short-staffed and oppressive working conditions. I have seen many improvements but we still have far to go.

Nevertheless, boomer nurses individually and collectively have been a driving force of innovation and hope for better health and health care for all. We serve long hours to meet obligations and opportunities on the job and strategize as advocates and entrepreneurs to change health policy and create new systems. We've shouldered responsibility for our elders, children and grandchildren and serve as the family nurse for our extended families.

We continue to fill demanding clinician and leadership roles. Together, boomer nurses make up the largest segment of the nursing workforce. Work together, retire together.

The daunting reality is that according to projections, there won't be enough new nurses to take our place. In 1998, an increase in hospital vacancy rates revealed a workforce shortage, and nursing projections were beginning to look grim. Due mostly to international and older nurses entering the workforce, the shortage eased a little in 2001-03, but these short-term solutions will not sustain the profession when retired boomers increase the demand for care.

Projections are even worse for nurses in academia. Many factors intersect to make nursing faculty positions more vulnerable: lower salaries than market value, heavy teaching loads extending to evenings and weekends and few clinical practice options, to name a few.

The good news is that we have more applicants to nursing programs than ever before. The bad news is that most U.S. nursing programs turn away qualified applicants due to faculty and clinical learning site shortages. The average age of faculty tells us that the boomer retirement will be disastrous to nursing education if we don't act now.

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We are very fortunate that the University System of Georgia, with MCG President Daniel W. Rahn as senior vice chancellor for health and medical programs, is moving rapidly to address this looming crisis. The MCG School of Nursing has implemented several strategies to ensure an adequate faculty workforce, including a new post-master's Doctorate of Nursing Practice program, salary supplementation for faculty members' clinical service, the recruitment of several master's-prepared clinicians and incentives to lure retired faculty back to part-time service. These strategies are working!

I have a few more years for succession planning here at MCG. We will pay careful attention to the MCG nursing faculty workforce who will be ready to take our place. It's time for boomer nurses to begin passing the torch.

MEDICAL COLLEGE OF GEORGIA TODAY WELCOMES SUBMISSIONS TO THE REFLECTIONS COLUMN OF THE MAGAZINE. TYPED ESSAYS (APPROX. 750 WORDS LONG) REFLECTING A PROFESSIONAL OR PERSONAL EXPERIENCE SHOULD BE SUBMITTED TO:

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Today
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Welcome, Families

Hundreds of family members visited campus Sept. 23 for MCG's annual Family Day, an opportunity for students' loved ones to get a closer look at the university. Highlights included a welcome breakfast in the Wellness Center; tours of the new Health Sciences Building; white coat ceremonies for medical and physician assistant students; demonstrations of state-of-the-art equipment, including simulators; and presentations by faculty members.

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